

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

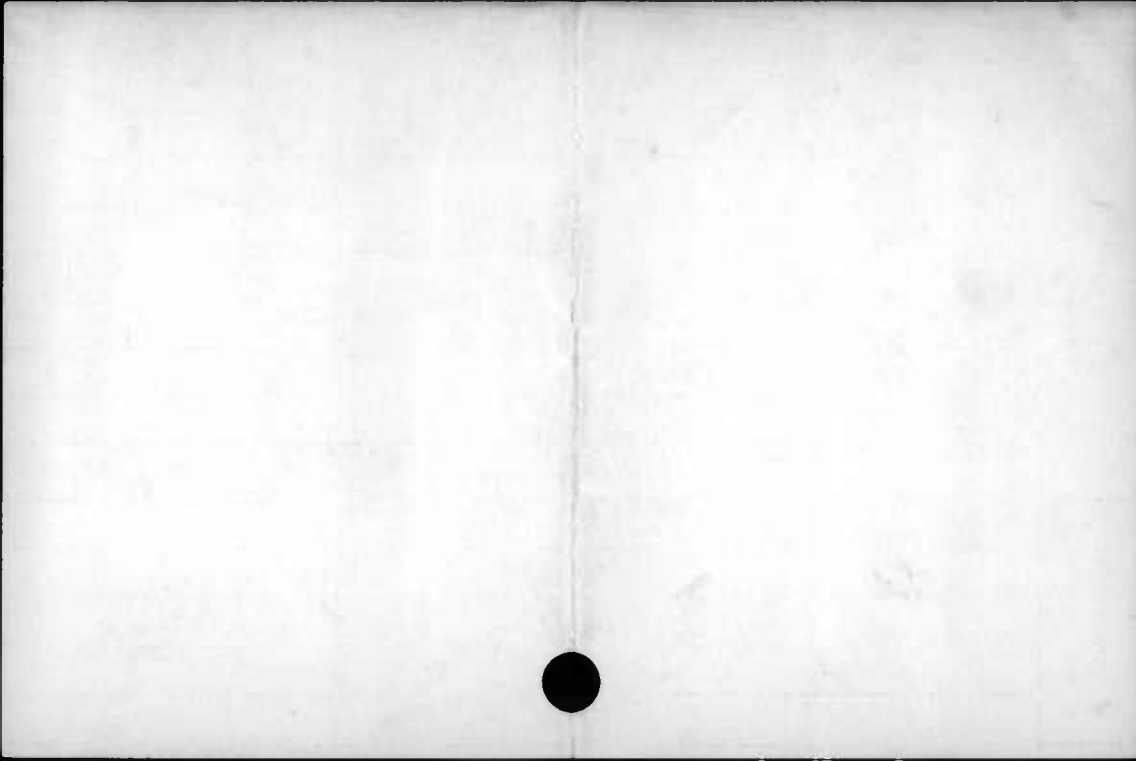
Died at <i>Cross Beckley</i>		Town <i>Beckley</i>		County <i>W. Va.</i>		MARYLAND	
Date of death 190	<i>7</i>	Month <i>11</i>	Day <i>21</i>	Age <i>80</i>	Years <i>1</i>	Months <i>10</i>	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>and</i>				
Married, Single or Widowed <i>married</i>	Occupation <i>farmer</i>						
Name of Wife or Husband <i>Charley A. Albright</i>							
Father's Name <i>Eli Albright</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Hannah Shaver</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Charley A. Albright</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Stomach trouble acute indigestion</i>	How long <i>Not over thirty six</i>
Immediate <i>Senile decay</i>	How long <i>With in very few hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Vorrie M.D.</i>
	Address <i>Freeland Md.</i>
Accident or Suicide? <i>2</i>	



Name
in
Full

Gertrude Brittenheimer -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* Town*Baltimore* CountyDate
of death *1907*Month *Nov*Day *16*Age *29*

Years

Months *Not Known*Days *Not Known*Sex *Female*Color or
Race *White*Birth-
place *Baltimore*

Occupation

*Houseworker*Where Residing If not
at place of death *Baltimore Md*Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *Not Known*Father's
Birthplace *Not Known*Mother's
Maiden Name *" "*Mother's
Birthplace *" "*Name of person giving
information *Ricco Mt Hope Retreat*How related
to deceased *Not at all*

CAUSES OF DEATH

69

Primary

Melancholia-Chronic

How long

over 7 yrs

Immediate

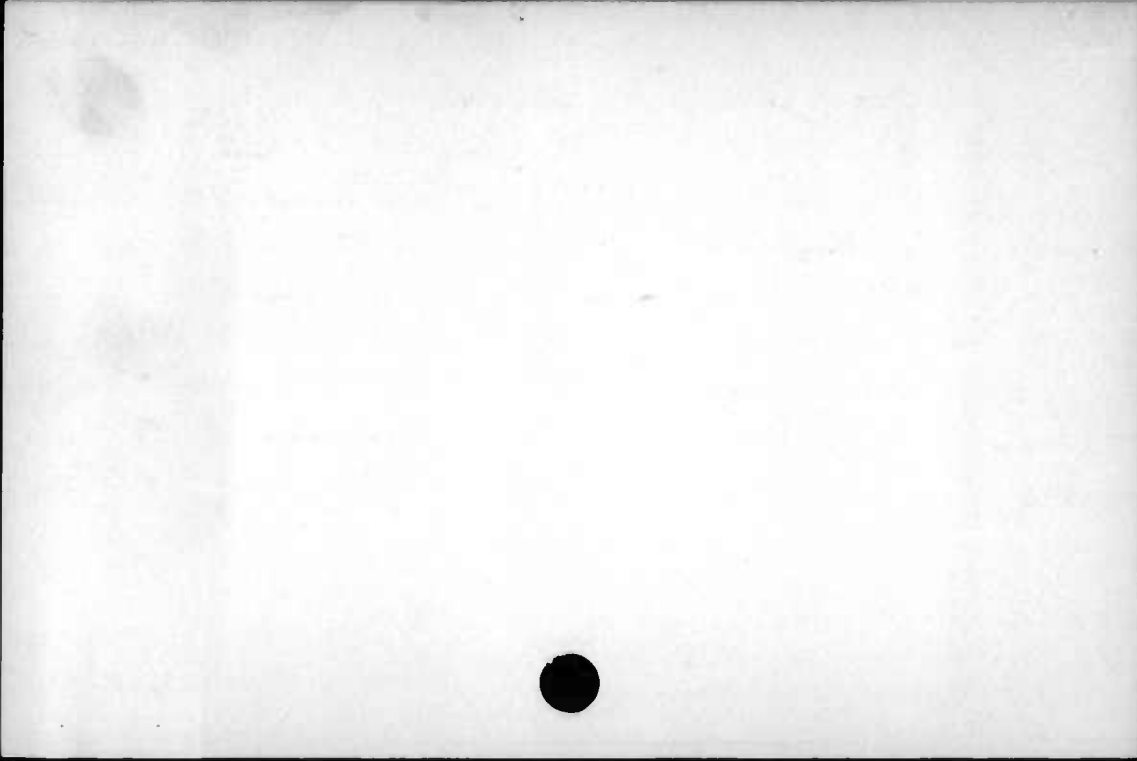
Ex-Epileptic Convulsions

How long

*abt 10 or 12 days*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *Frank J. Flannery M.D.*

Address

*Mt Hope Retreat
Mt Hope Md.*Accident or Suicide? *No*



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name of person giving information	How related to deceased
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>

CAUSES OF DEATH

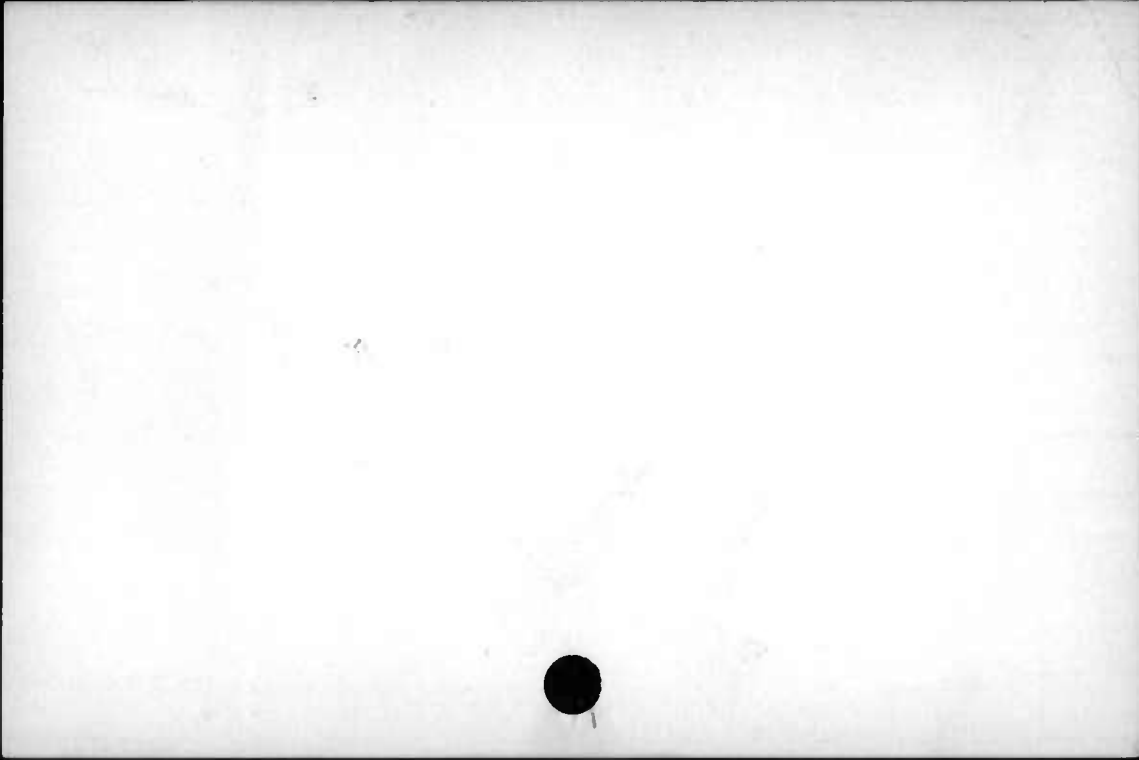
166

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Shoag Boston

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Govane</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>17</u>	Age <u>73</u>	Years	Months
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>		
Occupation <u>Labourer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sarah Ann</u>			
Father's Name <u>Don't know.</u>		Father's Birthplace <u>Don't know</u>			
Mother's Maiden Name <u>Julia ?</u>		Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Philip Boston</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

1120

PHYSICIAN
OR CORONER

Primary <u>Chronic Brights disease</u>	How long <u>3 yrs</u>
Immediate <u>Dropsy & Anemia</u>	How long <u>1 wk.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. H. Stoddard</u>
	Address <u>Sta 1 Waco</u>
	<u>md</u>
Accident or Suicide? <u>No</u>	

Alex H Emory
578 W Biddle St
Under Teller
Bismarck, Gamblown

Name
in
Full

Anna M. Brehm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov.</i>	Day	<i>27</i>	Age	<i>85</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>4</i> Days <i>27</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Brehm</i>		Father's Name <i>Not known</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Not known</i>		Name of person giving information <i>Anna M. Babst</i>		Mother's Birthplace <i>IL IL</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	<i>Senile Gangrene</i>	How long	<i>4 weeks</i>
Immediate	<i>& Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. McAvoy M.D.</i>	
		Address <i>839 S. Barton St.</i>	
Accident or Suicide?			

Sacred Heart Cemetery

Nov 29th 1907

Germanus France

Undertaker

Name
in
Full

Walter Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

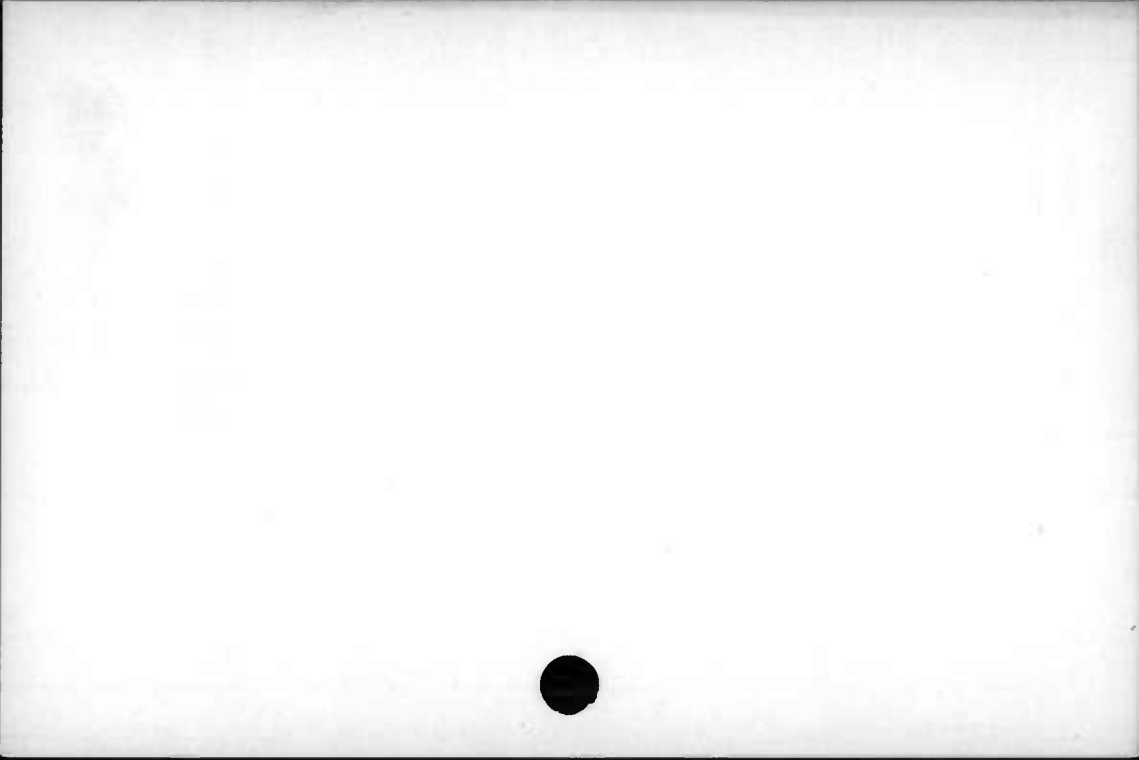
Died at <u>Sweet Air</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>13</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>
Sex <u>male</u>		Color or Race <u>colored</u>		Birth-place <u>Sweet Air, Md.</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>George E. Brown</u>			Father's Birthplace <u>Bel Air, Md.</u>		
Mother's Maiden Name <u>Harriet Quickly</u>			Mother's Birthplace <u>Sweet Air, Md.</u>		
Name of person giving information <u>George E. Brown</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>1 month</u>
Immediate <u>Starvation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. H. Emory, Jr.</u>
<u>no</u>	Address <u>Montkton, Md.</u>
Accident or Suicide? <u>no</u>	



Name
In
Full

Dr O C / A Bundevald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

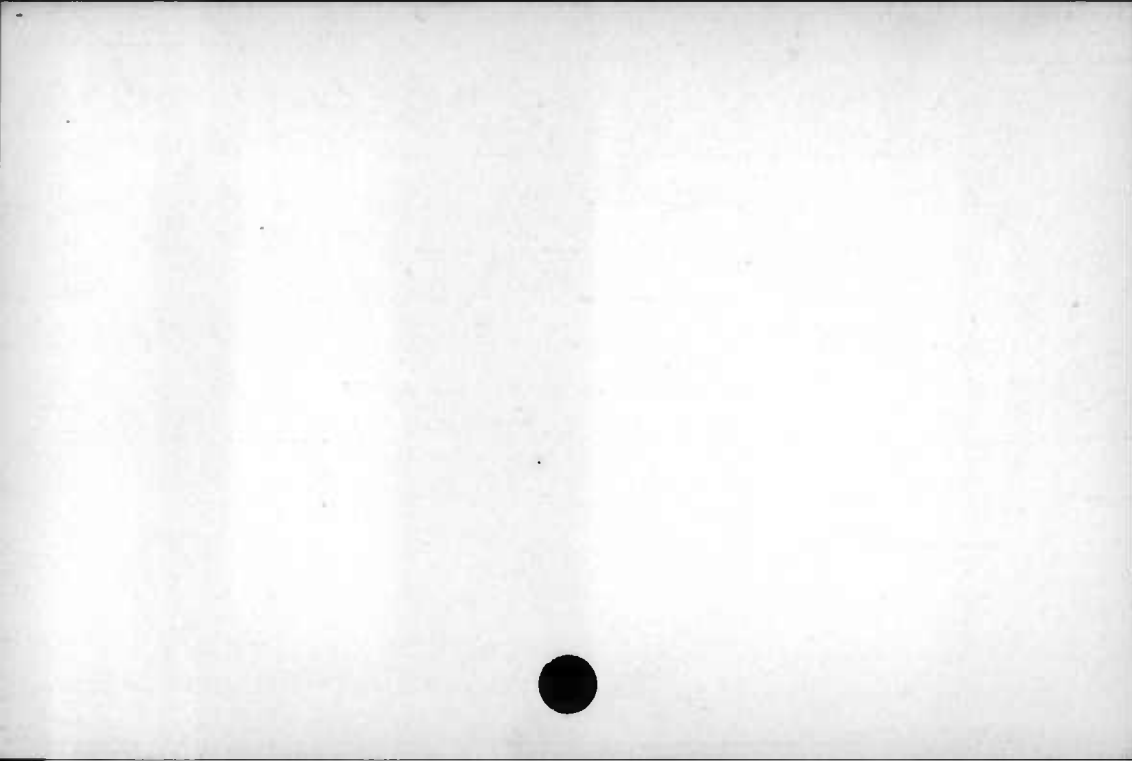
Died at		Town		County	
Mt Hope Reformat		Baltimore			
Date	Month	Day	Years	Months	Days
of death 1907	Nov	25	Age 42	not known	not known
Sex	Color or Race		Birth-place		
Male	White		Germany		
Occupation	Where Residing if not at place of death				
Physician	Portsmouth Va -				
Married, Single or Widowed	Name of Wife or Husband				
Married	not known				
Father's Name	Father's Birthplace				
not known	not known				
Mother's Maiden Name	Mother's Birthplace				
" "	" "				
Name of person giving information	How related to deceased				
Reeds Mt Hope Reformat	not at all				

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	Gen - Paresis -	How long	20 mo
Immediate	Ex - Toxaemia -	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery M.D.	
Address		Mt Hope Reformat	
		Mt Hope Md -	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

Patrick Coffey

9

Died at *Lower Center* Town*Baltimore* County

MARYLAND

Date of death 1907 Nov

Day

17

Age 45 Years

Months

unknown

Days

*unknown*Sex *Male*Color or Race *White*Birth-place *unknown*Occupation *Labore*

Where Residing if not at place of death

*New York*Married, Single or Widowed *unknown*

Name of Wife or Husband

*unknown*Father's Name *unknown*Father's Birthplace *unknown*Mother's Maiden Name *unknown*Mother's Birthplace *unknown*Name of person giving information *Adam S. Stead*How related to deceased *none*

CAUSES OF DEATH

Primary *Drowning*How long *—*Immediate *—*How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *David R. Thompson*Address *1500 Highland Ave.*Accident or Suicide? *Accident**Baltimore County Md*PHYSICIAN
OR CORONER

Constable Christian Stess

April 19th
Felling Field.

Name
in
Full

Harriett Calwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Wilkins ave</i>		County <i>Baltimore Co.</i>		MARYLAND	
Date of death	1907	Month <i>November</i>	Day <i>1st</i>	Age	<i>85</i>	Months <i>11</i>	Days <i>18</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore City</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Widow</i>		Name of Wife or Husband <i>Harriet Calwell</i>			
Father's Name		<i>James Sloan</i>				Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name		<i>Harriet Ford</i>				Mother's Birthplace —	
Name of person giving information		<i>James S. Calwell</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

91

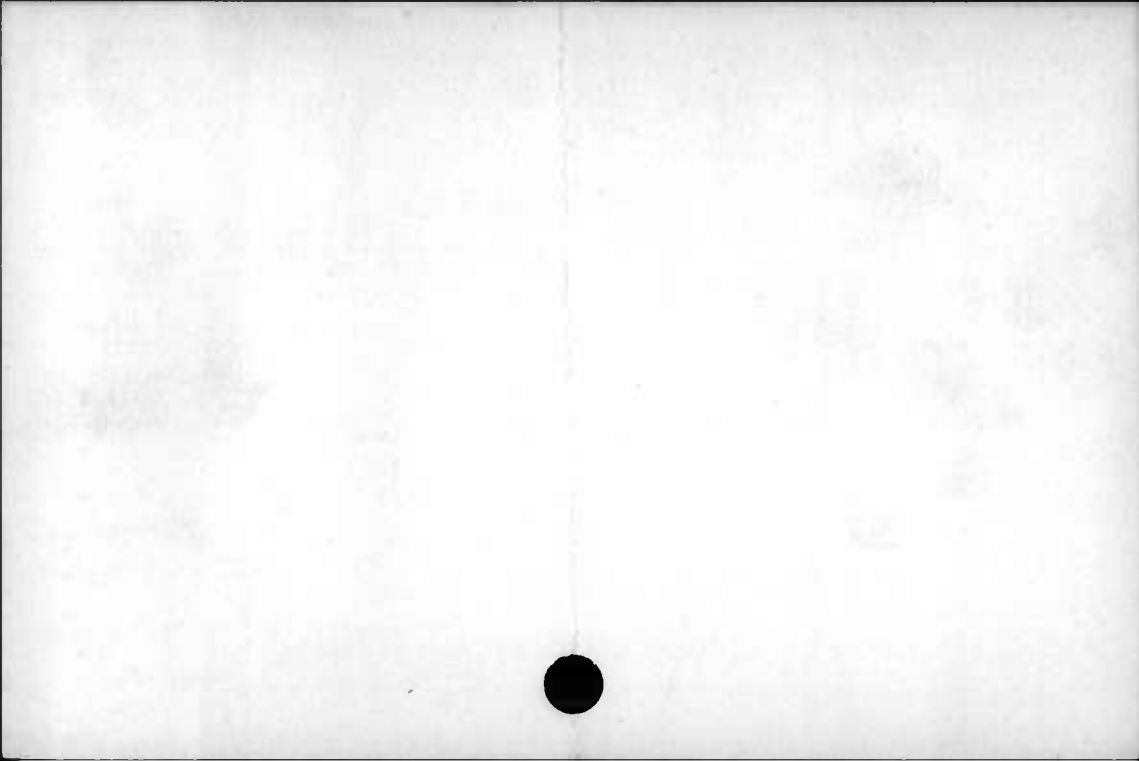
PHYSICIAN
OR CORONER

Primary	<i>Weak Heart - Bronchitis</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>about three (3) days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John E. Kollyan</i>
		Address	<i>714 Frederick ave Baltimore</i>
Accident or Suicide?			

For burial at
Loudon Park

E. Madison Mitchell

Name in Full		Certificate of Death			
Peter Cannon		Town		County	
Died at Ft Howard		Bullo		MARYLAND	
Date of death		Month	Day	Years	Months
1907 Nov 6th				29	11
Age		Days			
7					
Sex		Color or Race		Birth-place	
Male		White		Ireland	
Occupation		Where Residing if not at place of death			
Soldier		Ft. Howard			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace			
Michael Cannon		Ireland			
Mother's Maiden Name		Mother's Birthplace			
Mary Fergus		Ireland			
Name of person giving information		How related to deceased			
Korner		Brother			
CAUSES OF DEATH					
Primary		How long			
Chronic Myocarditis		106		?	
Immediate		How long			
Acute gastroenteritis		12 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address			
No		Ft. Howard Md			
Accident or Suicide?					
No					



Name
in
Full

Isabelia Cardwell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>Nov</i> <small>Day</small>	<i>6</i> <small>th</small>	Age	<i>38</i> <small>Years</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Wife</i>		Where Residing if not at place of death <i>Roland Park</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Thomas Cardwell</i>		
Father's Name	<i>William Neally</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Don't Know</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Thomas Cardwell</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Gastric Ulcer</i>	How long	<i>one year</i>
Immediate	<i>Debility</i>	How long	<i>about 2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Carson MD</i>	
<i>9</i>		Address <i>2439 York Road</i>	
Accident or Suicide?			

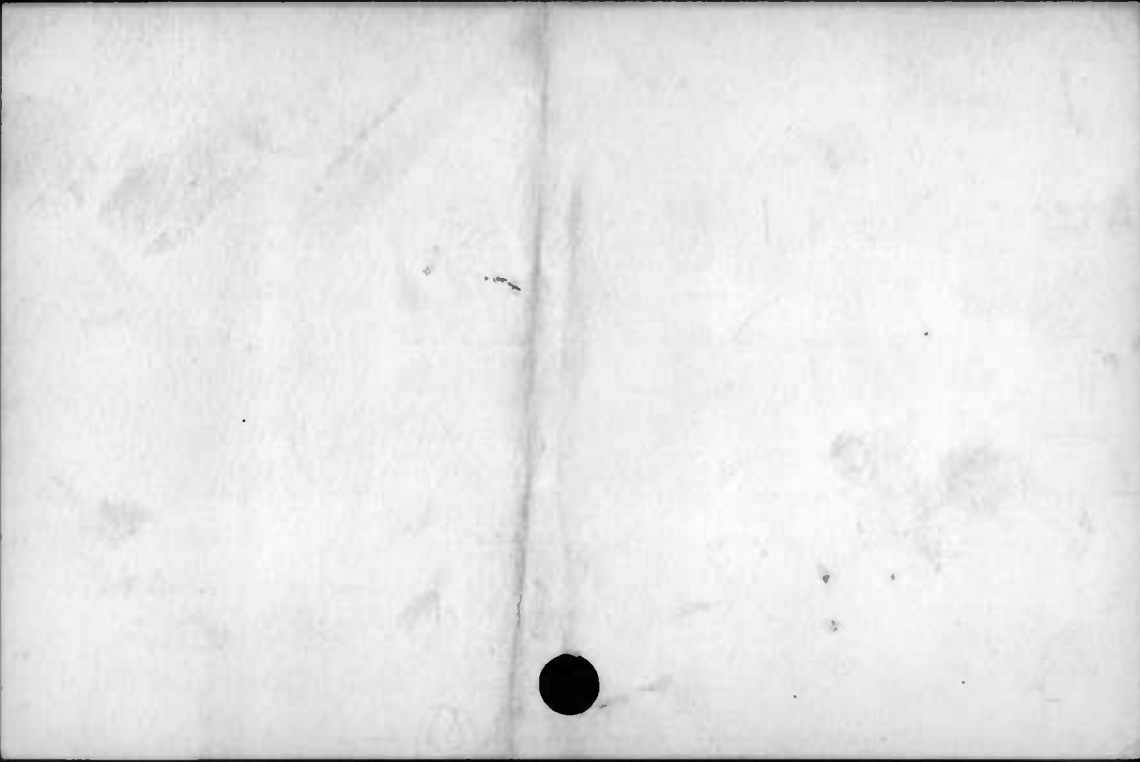
C. A. Wedgfeldt

2113 Greenmount Ave.

Orestyterum Council

Greenstown

Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Texas		Baltimore		MARYLAND					
		Date of death		1907	Month	Nov	Day	5	Age	35	Years	Months	Days
		Sex		male		Color or Race		negro		Birth-place			Bowling Green, Texas
		Occupation		Laborer		Where Residing if not at place of death		Texas Md Va					
		Married, Single or Widowed		married		Name of Wife or Husband		Lizzie Carter					
		Father's Name		Amos Turner		Father's Birthplace		Amos Turner					
		Mother's Maiden Name		Amos Turner		Mother's Birthplace		Amos Turner					
Name of person giving information		Geo. W. W. Howard											
		<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; width: 50px; margin: 0 auto;">119</div>											
PHYSICIAN OR CORONER		Primary		Nephritis				How long				2 weeks	
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician				B. F. Buckley	
								Address				Texas Md	
		Accident or Suicide?											



Name
in
Full

Thomas Gatch Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Govanstown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov.</i>	Day <i>12</i>	Age <i>55</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Balto. Md.</i>
Occupation	<i>Insurance agt.</i>			Where Residing if not at place of death			<i>Bellona Ave.</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>A.H. Carter</i>			
Father's Name	<i>John Carter</i>				Father's Birthplace	<i>Balto Co.</i>	
Mother's Maiden Name	<i>Francis Sanders.</i>				Mother's Birthplace	<i>Balto co.</i>	
Name of person giving information	<i>Mrs D.H. Carter</i>				How related to deceased	<i>wife</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Gastric fever.</i>	How long	<i>10 weeks.</i>
Immediate	<i>Cardiac Dilatation</i>	How long	<i>10 da.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H.C. Henshaw</i>
<i>Yes.</i>		Address	<i>Sta. 76 (Gowans) Balto. Md.</i>
Accident or Suicide?			
<i>Neither</i>			

Taylor Chapel Cem
Nov 4/07
Wm Cook

Name
in
Full

Ellis Evola Conley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

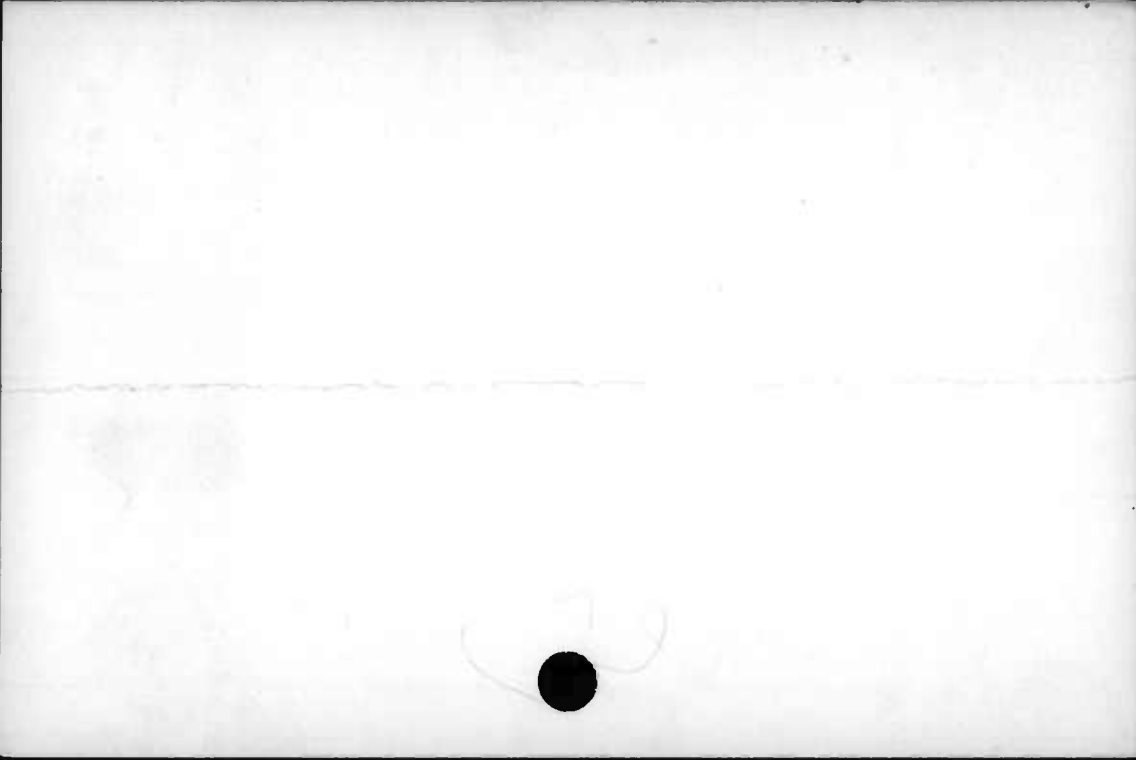
Died at <i>Pring Hill</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pring Hill</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Erasmus Conley</i>	Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Gill</i>	Mother's Birthplace <i>Balto Co</i>				
Name of person giving information <i>Clarence Cole</i>	How related to deceased <i>Not at all</i>				

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. P. Shumacher, M.D.</i>
	Address <i>Glencoe, Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John S. Connolly</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 11 17</i>		<i>102</i>		<i>6 11</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Mary Connolly</i>					
Father's Name <i>John Connolly</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret Barrett</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>Mrs P. M. Sliver</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility -</i>	How long	<i>years -</i>
Immediate	<i>Exhaustion -</i>	How long	<i>several weeks -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes -</i>		<i>H. Louis Taylor</i>	
		Address	
		<i>Pikesville</i>	
		<i>Md.</i>	
Accident or Suicide?			
<i>no -</i>			



Name
in
Full

Eliza Crockett.

CERTIFICATE OF DEATH

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NEAREST FRIEND

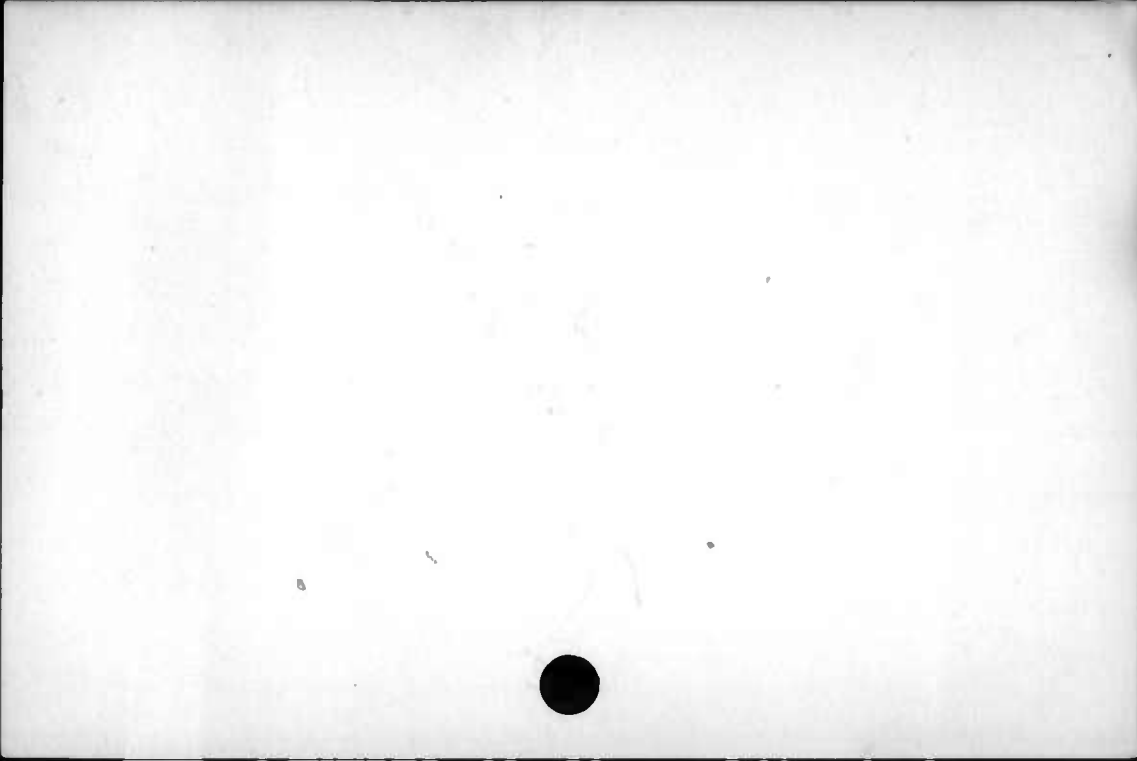
Died at		Town <i>Upperco</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>Nov</i>	Day <i>22</i>	Years <i>79</i>	Months <i>7</i>		Days <i>21</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Pallo, Co.</i>
Occupation	<i>Unemployed</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i>Eliza Crockett</i>				
Father's Name	<i>John Thiffelen</i>					Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Elizabeth Rogers</i>					Mother's Birthplace	<i>Pallo Co.</i>
Name of person giving information	<i>Martha Blossom</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A.R. Mitchell</i>
<i>Yes</i>		Address	<i>Monkton, Md.</i>
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butter</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>25</i>	Age <i>8</i> Years	Months <i>5</i> Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Butter Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Benjamin F. Croft</i>			Father's Birthplace <i>Hampstead Md</i>		
Mother's Maiden Name <i>Rosey Lee Symons</i>			Mother's Birthplace <i>Funksbury Md</i>		
Name of person giving information <i>Rosey Lee Croft</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary <i>Scarlet fever</i>	How long <i>5 weeks</i>
Immediate <i>Uremia Convulsions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Drach Md</i>
	Address <i>Butter Md</i>
Accident or Suicide? <i>No</i>	

W. C. Brooks

Name
in
Full

Daniel Cronin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lower</i> ^{Town} <i>Banton</i>		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>Nov</i> ^{Day} <i>19</i>	Age	<i>42</i> ^{Years}	<i>2</i> ^{Months}	<i>2</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ireland</i>
Occupation	<i>Labourer</i>		Where Residing if not at place of death <i>New York</i>		
Married, Single or Widowed	<i>Don't Know</i>	Name of Wife or Husband		<i>Don't Know</i>	
Father's Name	<i>Don't Know</i>			Father's Birthplace	<i>Don't Know</i>
Mother's Maiden Name	<i>Don't Know</i>			Mother's Birthplace	<i>Don't Know</i>
Name of person giving information	<i>Andrew Stail</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

172

TO BE ANSWERED BY
CORONER

Primary	<i>Accidental Drowning</i>		How long	<i>—</i>
Immediate			How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>David A Thompson</i>		
Address		<i>1670 Highland Ave</i>		
Accident or Suicide?		<i>Accident</i>		
		<i>Baltimore County Md</i>		

Miss Hopkins Hospital
Canton Pabst
Bayou. 12/9/07

Name
in
Full

Martha Lenesie Benney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Manor		County Bullo		MARYLAND	
Date of death	1907	Month 11	Day 30	Age	68	Months 2	Days 4
Sex	Female		Color or Race	White		Birth-place	Banell Co
Occupation	House wife			Where Residing if not at place of death		Manor	
Married, Single or Widowed	Single		Name of Wife or Husband	Franklin W. Benney			
Father's Name	Samuel Benney					Father's Birthplace	Kenner
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Bernie C. Riley					How related to deceased	Son-in-law

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 Years
Immediate	Gradual Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		J. T. Payne M.D.		
		Address		
		Phoenix Mo		
Accident or Suicide?				

Wm. Brooks - undertaker
Burial place - Poplar church

Mail permit to -
John R. Turnbaugh
Phoenix

Name in Full Elizabeth Dittrich		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Highlandtown	Town	County Balto.
	Date of death 1907 November 10	Month 7	Day 10
	Sex Female	Color or Race White	Years 34
	Occupation Housework	Birth-place Balto. City	Months 11
	Where Residing if not at place of death 218 Foster Ave	Days	
	Married, Single, or Widowed Widow	Name of Wife or Husband Frederick Dittrich	
	Father's Name John Aufang	Father's Birthplace Germany	
	Mother's Maiden Name Mary Barnickel	Mother's Birthplace Germany	
Name of person giving information Mrs Mary Aufang	How related to deceased Mother		
CAUSES OF DEATH		(27)	
PHYSICIAN OR CORONER	Primary Phthisis Pulmonalis	How long 65 days	
	Immediate Hemoptysis; exhaustion	How long 3 "	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Pierre G. Dausch	
		Address 121 Jackson Square	
	Accident or Suicide?	Baltimore Md.	

Henry Holck & Son
Holy Redeem Candy

Name
in
Full

Michael Dory

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

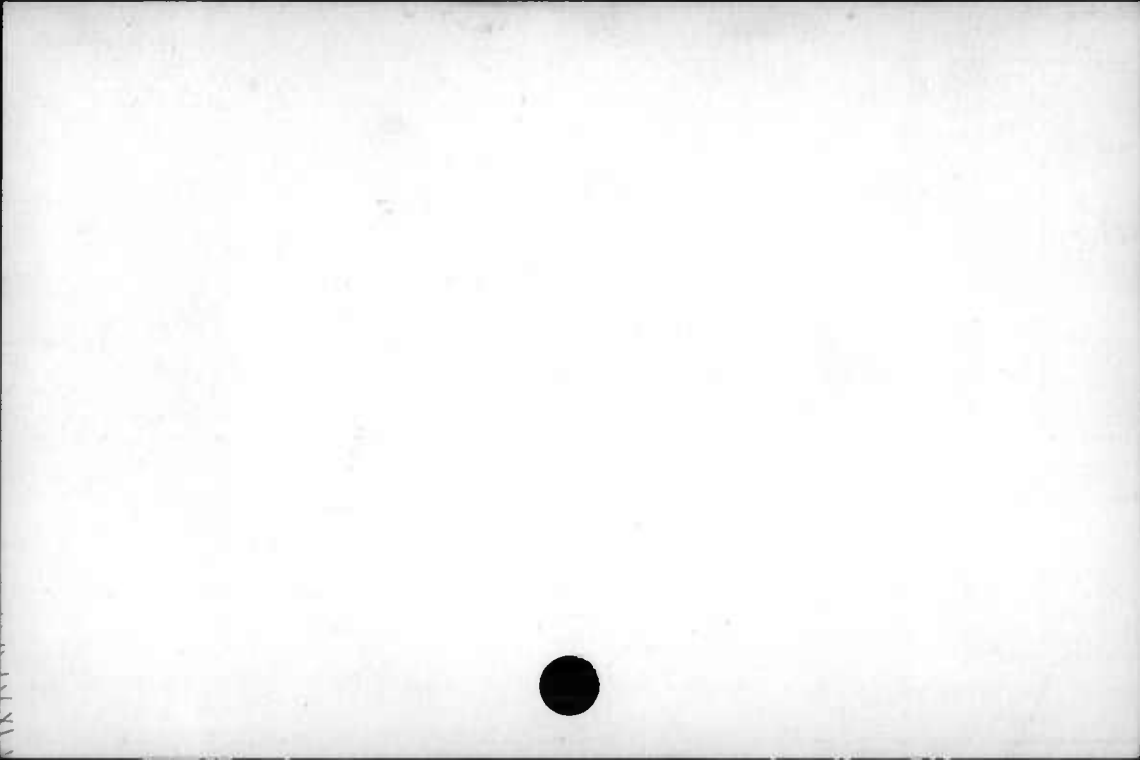
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND							
Date of death <i>1907 Nov.</i>		Month		Day <i>10</i>		Age <i>62</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>									
Occupation <i>Butcher</i>				Where Residing if not at place of death <i>St. Agnes' Hospital</i>									
Married, Single or Widowed <i>unknown</i>				Name of Wife or Husband <i>unknown</i>									
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>									
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>									
Name of person giving information <i>Dr Harrison</i>				How related to deceased <i>not related</i>									

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis & <u>Heart</u></i>		How long <i>about 1 year</i>	
Immediate <i>Heart failure</i>		How long <i>about 2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. P. Sandrock</i>	
		Address <i>St. Agnes' Hospital</i>	
Accident or Suicide?			



Name
in
Full

Martin A. Dranbauer, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Year</small>	<u>Nov.</u> <small>Month</small>	<u>1</u> <small>Day</small>	<u>11</u> <small>Years</small>	<u>8</u> <small>Months</small>
Sex	<u>Male</u>	Color <u>White</u>	Birth-place	<u>Md.</u>	
Occupation	<u></u>		Where Residing if not at place of death	<u>307 N. Clinton St</u>	
Married , Single	Name of Wife or Husband		<u></u>		
Father's Name	<u>Martin A. Dranbauer</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Mary Kafer</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>" "</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>3 days</u>
Immediate	<u>Edema of Lungs</u>	How long	<u>one day</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>D.W. Jones</u>
		Address	<u>3116 O'Connell</u>
Accident or Suicide? <u>No</u>			

Zirkler + Zirkler
1739 E. Eager St.

Mt. Carmel Bern.
Nov. 4-1907

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mrs. Ellen Dugan*
Died at *Jonestown* *Balto.*
Date of death *1907* *11* *14* Age *69* Months *—* Days *—*
Sex *77* Color or Race *W* Birth-place *Ireland*
Occupation *Housewife* Where Residing if not at place of death *—*
Married, Single or Widowed *Widow* Name of Wife or Husband *J. Dugan (deceased)*
Father's Name *Wm. Helsh* Father's Birthplace *—*
Mother's Maiden Name *Mary Henbury* Mother's Birthplace *Ireland*
Name of person giving information *Daughter* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Historic Typhoid* *5-6 months*
Immediate *Respiratory infection* *2 weeks*
Are the name, age, sex, color, date and place correctly given above? ☒
Signature of Physician *Henry F. C. C. C.*
Address *Belmont St. 816*
Accident or Suicide? ☒

John F. Baker
St. Marys River

Groans Town

Name
in
Full

Michael Dunn

311

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

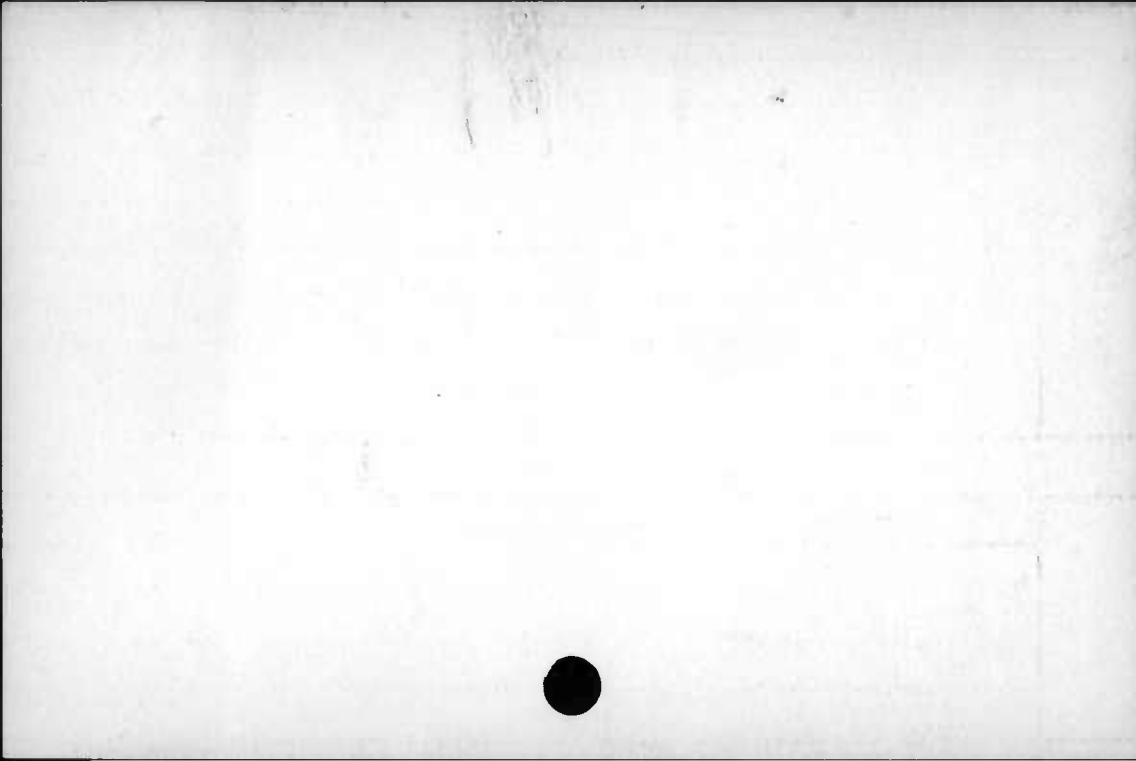
Died at <i>Baldwin</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>12</i>	Age <i>78</i>	Months <i>✓</i> Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Dunn</i>				
Father's Name <i>John Dunn</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Amastasia Dunn</i>	How related to deceased <i>Daughter</i>				
Name of person giving information <i>Mary Dunn</i>					

CAUSES OF DEATH

110

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>	How long <i>many years</i>
Immediate <i>La Grippe</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Gorsuch</i>
	Address <i>Fork and</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Thomas Dunningan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Canton		Balto					
Date	Month	Day	Age	Years	Months	Days	
of death 1907	Nov	7	33				
Sex	Color or Race	Birth place					
Male	White	Balto Md					
Occupation	Where Residing if not at place of death						
Laborer	Canton 301 Toome						
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Thomas Dunningan	Ireland						
Mother's Maiden Name	Mother's Birthplace						
Rose White	Ireland						
Name of person giving information	How related to deceased						
Bridget Jordan	301 Toome St						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	1 year
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. J. McAvoy M.D.
		Address	839 S. Canton St
Accident or Suicide?			

Sacred Heart Cemetery,

Nov 11/07

Wm Cook

Dr Wm Cook 1100 Carlton St

Name
in
Full

Wm C. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

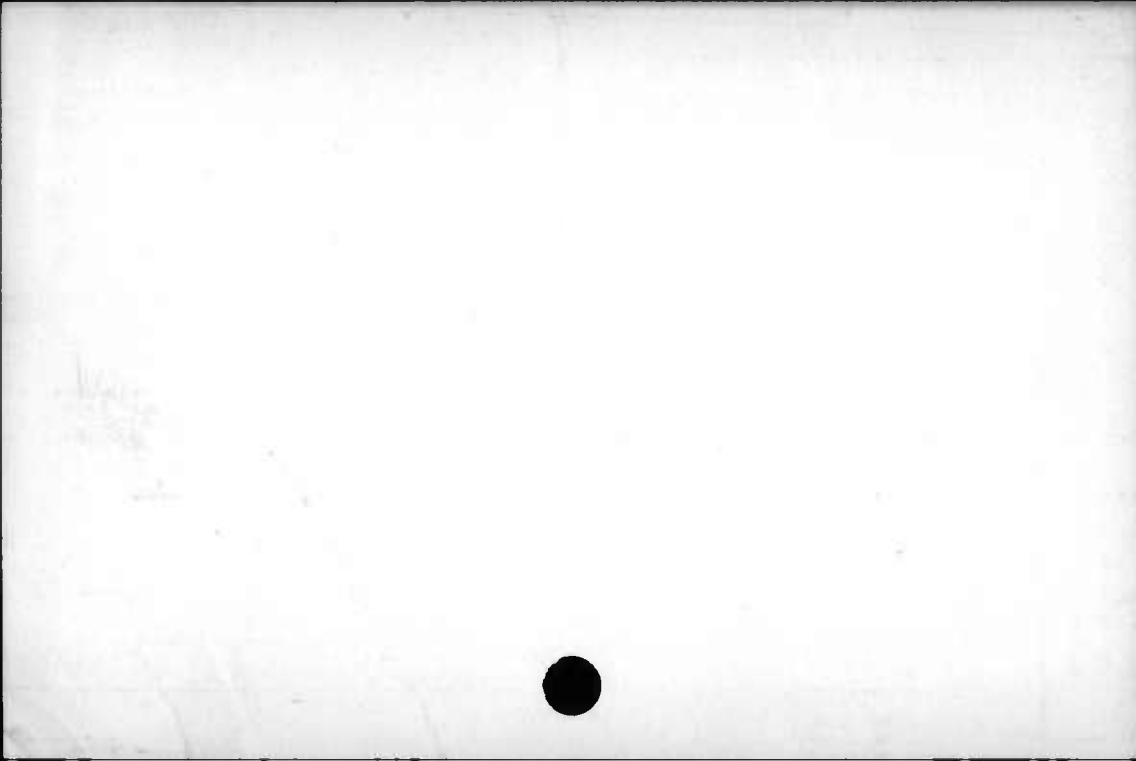
Died at		Town <i>Spinnors Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Nov.	Day	7	Age	31
Sex	Male		Color or Race	White		Birth place	Baltimore
Occupation	Painter			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Thomas Evans			Father's Birthplace	
Mother's Maiden Name			Mollie Cropper			Mother's Birthplace	
Name of person giving information			Evans & Jones			How related to deceased	
						None	

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<i>Intercedum Pulmonalis</i>		How long	<i>15 Minutes</i>
Immediate	<i>Exhaustion</i>		How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>F. C. Steward M.D.</i>	
			Address	
			<i>Spinnors Point</i>	
			<i>MD</i>	
Accident or Suicide?				



Name
in
Full

Frederick C. Ewers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lauraville</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190	Month	11	Day	25 th	Age	Years
						Months	8
						Days	—
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Lauraville</i>
Occupation	<i>none</i>			Where Residing if not at place of death			<i>Lauraville</i>
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	<i>Fred. Ewers</i>					Father's Birthplace	<i>Balto</i>
Mother's Maiden Name	<i>Carrie</i>					Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Frederick Ewers</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Empyema</i>	How long	
Immediate	<i>Pneumonia</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Walter H. Kinsal</i>	
Address		<i>Hamilton, Md.</i>	
Accident or Suicide?			

Holy Cross Cemetery

John Herwig ofn
11/27/07

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Washington</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>	
		Date of death <i>1907 Nov. 18</i>		Age <i>68</i>	
		Sex <i>male</i>		Color or Race <i>white</i>	
		Occupation <i>Baggage Master NCH</i>		Where Residing if not at place of death <i>England</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie V. Farnsworth</i>	
		Father's Name <i>Thomas Farnsworth</i>		Father's Birthplace <i>England</i>	
		Mother's Maiden Name <i>Annie Coppinison</i>		Mother's Birthplace <i>England</i>	
Name of person giving information <i>Annie V. Farnsworth</i>		How related to deceased <i>wife</i>			
CAUSES OF DEATH 106					
PHYSICIAN OR CORONER		Primary <i>Arterio sclerosis Chronic diarrhoea</i>		How long <i>7 years</i>	
		Immediate <i>Asthma</i>		How long <i>6 months</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William F. J. J.</i>	
		<i>District</i>		Address <i>Washington Md.</i>	
		Accident or Suicide?			

Interment in
Greenman & Cemetery.

Undertaken.
David W. Lee Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jew Bottom</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>15</i> <small>Years</small>	<i>14</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>_____</i>			Name of Wife or Husband <i>_____</i>		
Father's Name <i>Levi Fisher</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mattie Thompson</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Granular</i>	How long <i>6 or 8 mos.</i>
Immediate <i>Cardiac Ed Pulmonary Asthma</i>	How long <i>2 1/2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank E. Miller, M.D.</i>
<i>_____</i>	Address <i>Alcott City, Md</i>
Accident or Suicide? <i>_____</i>	

Cherry Hill Cemetery

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sister Gaudine Fitzgerald</i>		Town <i>W Washington</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
Died at		MAYLAND					
Date of death	Month	Day	Age	Years	Months	Days	
<i>1907</i>	<i>Nov.</i>	<i>15.</i>	<i>63</i>				
Sex	Color or Race	Birth-place					
<i>Female</i>	<i>white</i>	<i>Ireland</i>					
Occupation	Where Residing if not at place of death						
<i>Sister of Mercy</i>	<i>✓</i>						
Married, Single or Widowed	Name of Wife or Husband						
<i>single</i>	<i>✓</i>						
Father's Name	Father's Birthplace						
<i>Patrick Fitzgerald</i>	<i>Ireland</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Ellen H. J.</i>	<i>I.</i>						
Name of person giving information	How related to deceased						
<i>Rev Mother Inceles</i>	<i>none</i>						

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic heart disease</i>	How long	<i>about 35 years</i>
Immediate	<i>Asthma</i>	How long	<i>50 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>William J. Todd</i>
		Address	<i>W Washington Md.</i>
Accident or Suicide?			

Henry W. Jenkins & Sons Co

Wt St Agnes Cem.

Wt Washington

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Fritz* Town *Hoffmanville* County *Balto* MARYLAND

Died at *Hoffmanville*

Date of death 190 *7* Month *Nov* Day *9* Age *82* Months *6* Days *27*

Sex *Male* Color or Race *White* Birthplace *Germany*

Occupation *Mason* Where Residing if not at place of death *Hoffmanville*

Married, ~~Single~~ *Married* Name of Wife or Husband *Elizabeth*

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *George Fritz Jr.* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Infirmities of old age* How long *ten years*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

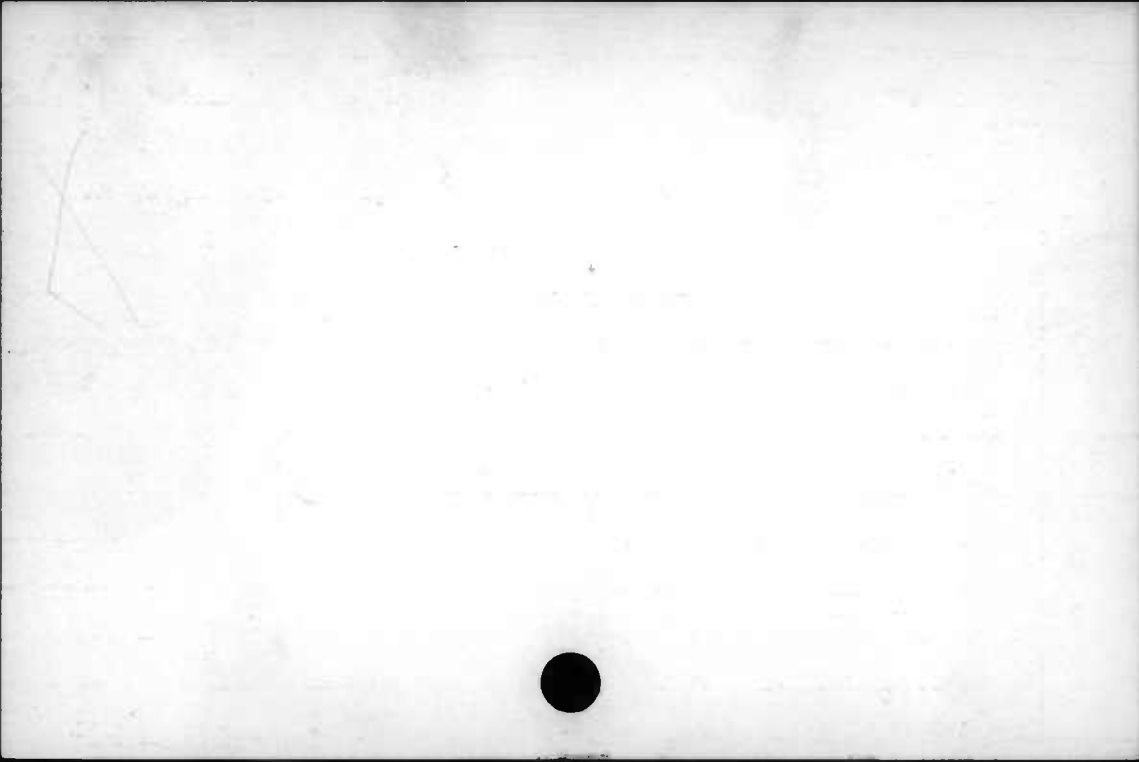
yes

Signature of Physician

Address

T. Howard Wertz
Lineboro
Ind.

Accident or Suicide?



Name
in
Full

May Francis Garrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garman</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>23</i>	Years <i>28</i>	Months <i>16</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>	
Occupation <i>Cook</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Robert Garrett</i>			Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Jane Johnson</i>			Mother's Birthplace <i>Balto Co</i>		
Name of person giving information <i>Jane Garrett</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <i>Carcinoma Uteri</i>	How long <i>5 Mo</i>
Immediate <i>Chauvin</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo W. Hoarney M.D.</i>
	Address <i>Shops Balto Md</i>
Accident or Suicide?	

alex. H. Crosby
578 W. Bidwell St.
Waverly
Bury at - Zion Cemetery

Name
in
Full

James Gaskins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Wise ave		Baltimore		Maryland	
Date of death		1907 Nov		Age		36	
Sex		male		Color or Race		colored	
Occupation		Laborer		Birth-place		Virginia	
Where Residing if not at place of death		Wise ave Baltimore					
Married, Single or Widowed		married		Name of Wife or Husband		James Gaskin	
Father's Name		Not known		Father's Birthplace		-	
Mother's Maiden Name		Not known		Mother's Birthplace		-	
Name of person giving information		Wm T. Holmes		How related to deceased		none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Pneumonia	How long	5 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John Roth	
Address		2007 Eastern Ave.	
Accident or Suicide?			

Cone Wharf
Emm Co Va

Name
In
Full

Laurence P. Gensler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highstown</u> Town		<u>Balls</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>30</u>	Age <u>—</u>	Years <u>—</u>	Months <u>10</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Gensler</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Erema Roscoe</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>John Gensler</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>cardiac failure</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. F. A. Gandy</u>
	Address <u>41 East 1st St.</u>
Accident or Suicide?	

Mr. Carmel Country
Henry Hoelscher

Name

in
Full

Samuel Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Point</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>North Point Baltimore Co Mo</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Resides at Place of death</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Robert Green</i>	Father's Birthplace <i>Chas Co Md</i>				
Mother's Maiden Name <i>Mary Brisco</i>	Mother's Birthplace <i>Charles Co Md</i>				
Name of person giving information <i>Robert Green</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Spasm</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A Thompson</i> <small>Coroner</small>
<i>—</i>	Address <i>1500 Highland Ave</i>
<i>—</i>	<i>Baltimore Co Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary Elizabeth Hall

CERTIFICATE OF DEATH

Town

County

Died at

Calumet

Belle

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

7 Nov

2

Age

1

5

Sex

Female

Color or
Race

Cald

Birth-
place

Calumet

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Talbot B Hall

Father's
Birthplace

Calumet

Mother's
Maiden Name

Margie L Fuller

Mother's
Birthplace

"

Name of person giving
In formation

Mama L Fuller

How related
to deceased

Mother

CAUSES OF DEATH

179

Primary

Malaria

How long

3 1/2 months

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr C L Mattfeters

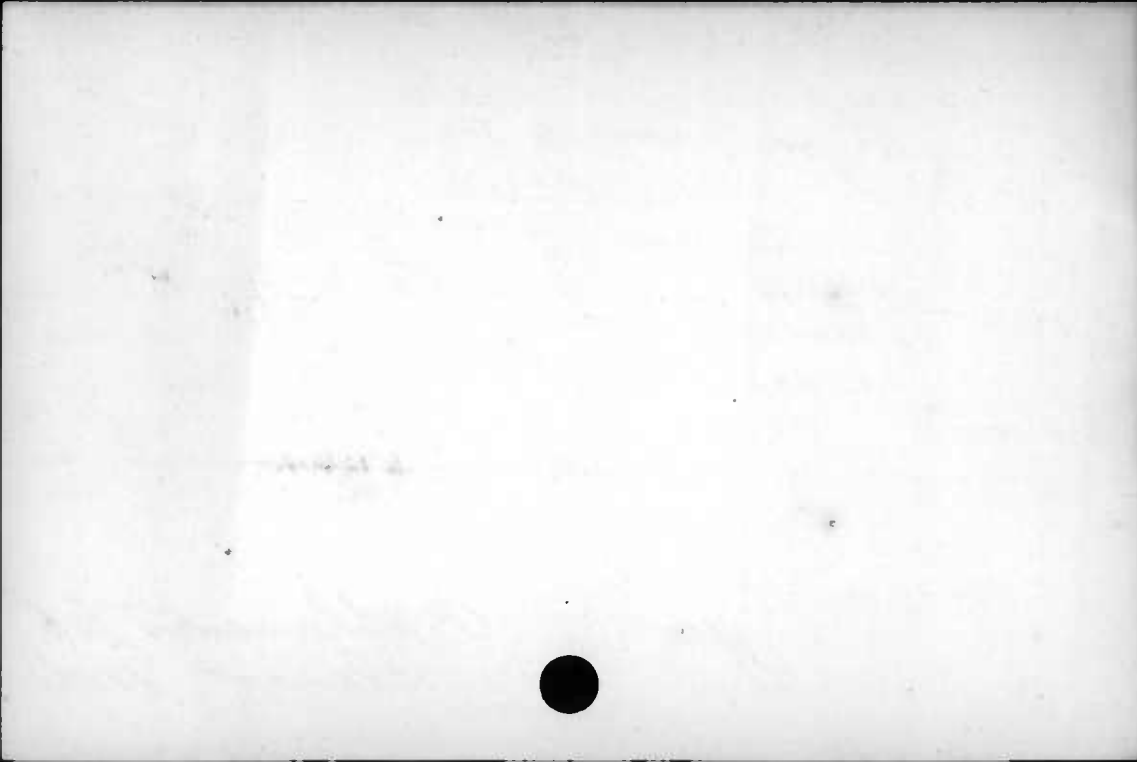
Address

Calumet Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Philadelp^{Town}</u>		<u>Balt^{County}</u>		MARYLAND	
Date of death	1907	Month	11	Day	18
Age	50	Years	44	Months	
Sex	Male	Color or Race	black	Birth-place	Virginia
Occupation	Farm laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		
Father's Name	Abraham Hall		Father's Birthplace		
Mother's Maiden Name	Bessie Smith		Mother's Birthplace		
Name of person giving information	Henrietta Hall		How related to deceased		
			Wife		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	4 hours
Immediate	Crma	How long	+ 30 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		B. M. Sherrantine M.D.	
		Address	
		Glencoe Ind.	
Accident or Suicide?			

Interment at
Steventon Chapelle
Thursday Nov. 21

M. C. Brooks

Name
in
Full

Mary Heil

CERTIFICATE OF DEATH

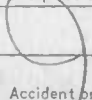
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>17</i>	Age <i>46</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Germany</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>229 Lombard St.</i>				
Married, Single or Widowed <i>M.</i>	Name of Wife or Husband <i>John Heil</i>				
Father's Name <i>Ernest Klappier</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Annie Little</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>John Heil</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

(42)

PHYSICIAN
OR CORONER

Primary <i>Cancer of the uterus</i>	How long <i>one year</i>
Immediate <i>Exhaustion</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Mettler</i>
	Address <i>6 W. Broadway</i>
Accident or Suicide?	

Mendell Sipper ^{Esq}

Oak Lawn Country

Name
in
Full

CERTIFICATE OF DEATH

Not. Named infant *Henry & Annie Hoffman*

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Nov 16</i>		Age <i>10</i> <small>Years</small>		<i>10</i> <small>Months</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balts Co Md</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>at Place of death</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Henry P. Hoffman</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Annie Hoffman</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Henry Hoffman</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(71)

OR CORONER

Primary <i>Spasm</i>	How long <i>_____</i>
Immediate <i>_____</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
<i>_____</i>	Address <i>1500. Highland Ave</i>
<i>_____</i>	<i>Baltimore Co Md</i>
Accident or Suicide? <i>_____</i>	

Joe Studtebach
Western Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

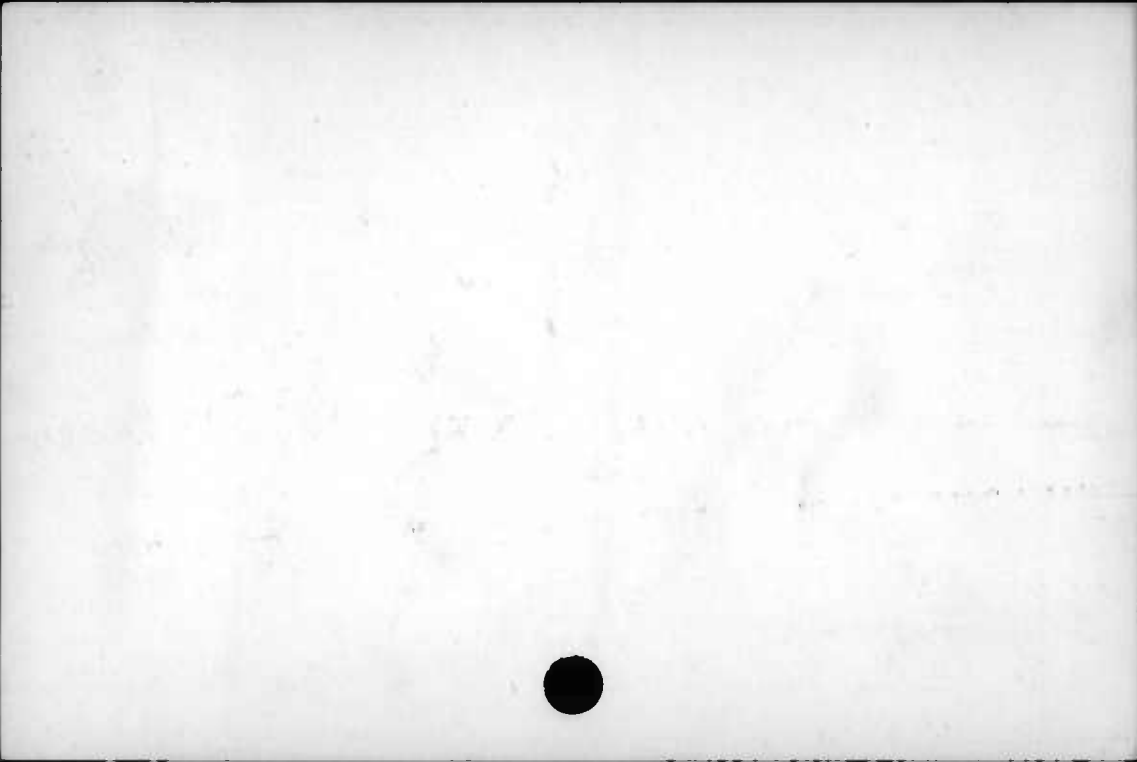
Died at		Town		County		MARYLAND			
Date of death		1907	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Ireland
Occupation		Laborer		Where Residing if not at place of death		Berona			
Married, Single or Widowed		Single		Name of Wife or Husband		Mary Boyan			
Father's Name		—		Father's Birthplace		Ireland			
Mother's Maiden Name		—		Mother's Birthplace		Ireland			
Name of person giving information		Mustine Boyan		How related to deceased		Son			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 da
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		ye	Signature of Physician
J		Address	T.R. Payne
Accident or Suicide?		no	Arbett
			Med.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Horst</i>		Town <i>Highland</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Highland</i>		Month <i>Nov.</i>		Day <i>15</i>		Age <i>59</i>	
Date of death <i>1907</i>		Month <i>Nov.</i>		Day <i>15</i>		Age <i>59</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Germany</i>		Months <i>9</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>[Signature]</i>		Days <i>9</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Horst</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>21</i>	
Father's Name <i>John Horst</i>		Mother's Maiden Name <i>Not Known</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Barbara Horst</i>							

CAUSES OF DEATH

181

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>Several years</i>
Immediate <i>Angina Pectoris</i>	How long <i>few hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. A. Glantz</i>
	Address <i>41 Eastern Ave - E. L.</i>
Accident or Suicide? <i>[Signature]</i>	

Mr. Barrell
H. Sander & Lons

Name
in
Full

Annice M. Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Westport* Town *Baltimore* County *MARYLAND*

Date of death *1907* Month *14* Day *23* Age *39* Years *2* Months *14* Days

Sex *Female* Color or Race *White* Birth-place *Mass.*

Occupation *Housewife* Where Residing if not at place of death *Westport*

Married, ~~Single~~ *or Widowed* Name of Wife or Husband *Charles L. Howard*

Father's Name *Ephraim Pettengill* ✓ Father's Birthplace *Mass.*

Mother's Maiden Name *Annice M. Pettengill* Mother's Birthplace *Ireland*

Name of person giving information *Charles L. Howard* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Consumption* How long *5 yrs -*

Immediate *Exhaustion* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes -*

Signature of Physician *J. B. Hall*

Address *Westport*

Accident or Suicide? *No*

E. Stendenbeck

Cedar Hill

PHYSICIAN OR CORONER

Harry S. Hyde

CERTIFICATE OF DEATH

Died at 213 Prospect ave. Park ^{Town} Roland ^{County} 13 Balt.

MARYLAND

Date of death	1907	Month	Nov	Day	23	Age	57.	Years		Months	1	Days	5
---------------	------	-------	-----	-----	----	-----	-----	-------	--	--------	---	------	---

Sex	male	Color or Race	white	Birth-place	Hartford Conn.
-----	------	---------------	-------	-------------	----------------

Occupation	Farmer. —	Where Residing if not at place of death	Roland Park
------------	-----------	---	-------------

Married, Single or Widowed	<i>married.</i>	Name of Wife or Husband
-------------------------------	-----------------	----------------------------

Father's Name Samuel N. Hyde

Father's Birthplace Conn.

Mother's
Maiden Name *Emil Baughman*

Mother's Birthplace 13alds Ind.

Name of person giving information *Wm. H. Dade*

How related
to deceased

CAUSES OF DEATH

63

Primary	Progressive Muscular Atrophy	How long 4 years
---------	------------------------------	------------------

Immediate *Anthony Mueses / Resurrection 3 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. L. L. L. L.*

Address Roland Park Md

Accident or Suicide?

E. Madison Mitchell
1201 W. Fayette St. Balt. Md.

Perryman Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Imhoff</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>Nov.</i>		Day <i>1</i>		Years <i>50</i>	
Date of death <i>1907</i>		Months <i>9</i>		Days <i>16</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>German</i>			
Occupation <i>Labour</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frederick Imhoff</i>		Father's Birthplace <i>German</i>					
Mother's Maiden Name <i>Frances Gink</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Elyrich Hanger</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>		How long <i>1 year</i>	
Immediate <i>Exhaustion</i>		How long <i>30 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jacob L. Dinner</i>	
Birth Place <i>Mass.</i>		Address <i>1735 Bank st. Balt. - Md.</i>	
Accident or Suicide? <i>Neither</i>			

In a New
Sweet Home

Name
in
Full

Eliza Johnson

CERTIFICATE OF DEATH

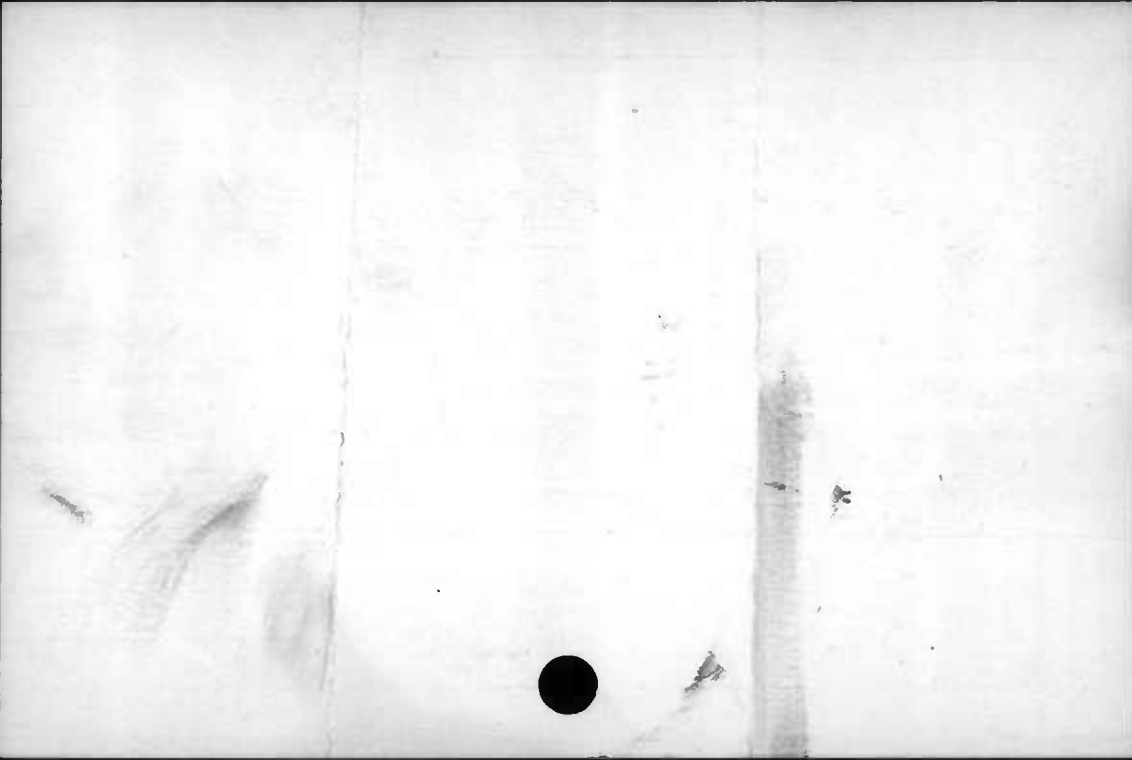
Died at ^{Town} *Hansen* ^{County} *Baltimore* *MD*

MARYLAND

Date of death *1907* ^{Month} *Mar* ^{Day} *13* ^{Years} *90* ^{Months} *0* ^{Days} *0*Sex *Female* Color or Race *Black* Birth-place *Baltimore Md*Occupation *House Keeper* Where Residing if not at place of death *Hansen Baltimore Md*Married, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *Emanuel Johnson*Father's Birthplace *Baltimore Md*Mother's Maiden Name *Fannie Rogers*Mother's Birthplace *Baltimore Md*Name of person giving information *Samuel Currier*How related deceased *Leptur*

CAUSES OF DEATH

65Primary *Softening of the brain*How long *1 month*Immediate *General failure of brain*How long *1 week*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr J E Bennett*Address *Croftsville Md*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Glen Morris

Town

Baltimore

County

MARYLAND

Date

of death 1907

Month

Nov

Day

9

Years

Age

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Baltimore Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James H Johnson

Father's
Birthplace

Chas Co Md

Mother's
Maiden Name

Maggie Thompson

Mother's
Birthplace

Baltimore City Md

Name of person giving
Information

James H Johnson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

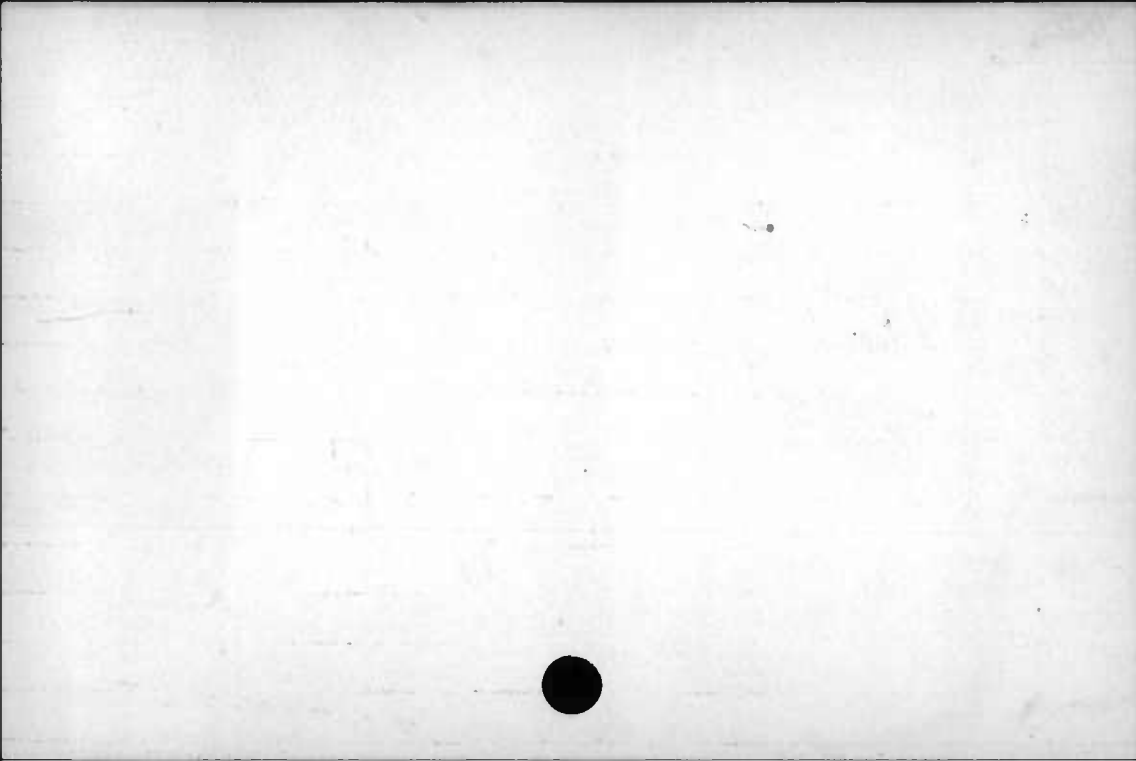
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

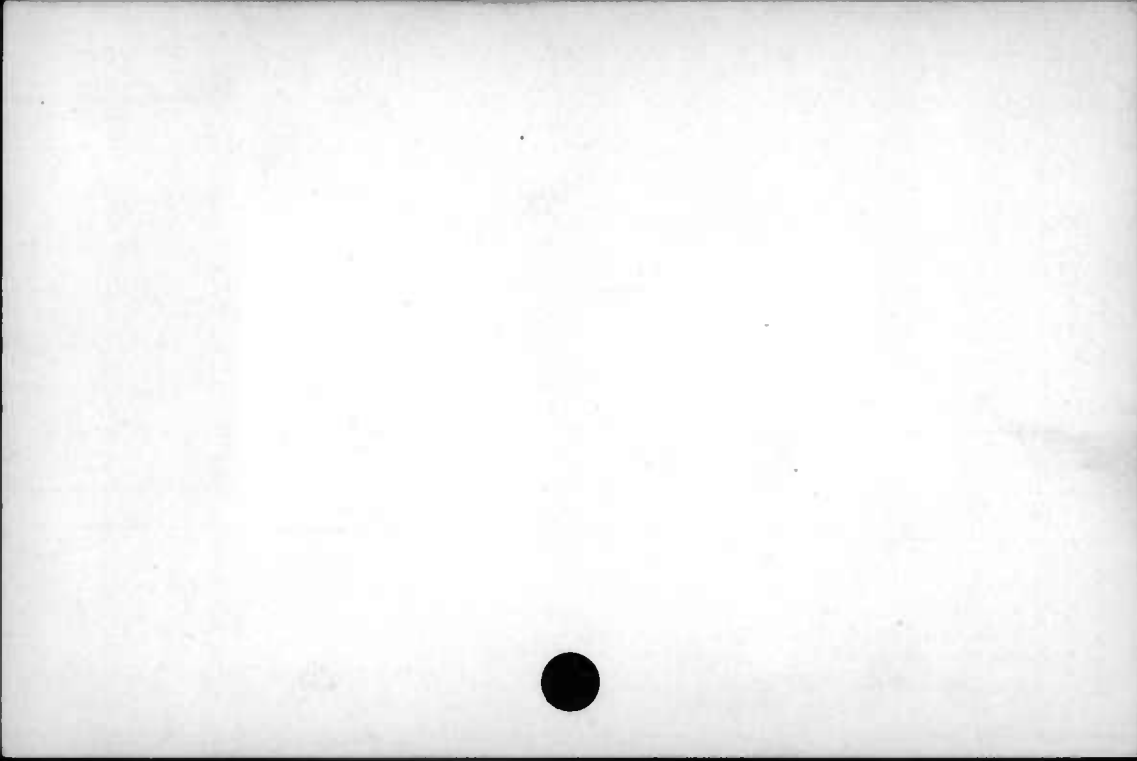
Died at <i>W. Washington</i>		Town <i>Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov.</i>	Day <i>18</i>	Age	<i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Virginia</i>				
Occupation <i>Slave before the war</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Robert Johnson</i>						
Father's Name <i>Murkenn</i>	Father's Birthplace						
Mother's Maiden Name <i>"</i>	Mother's Birthplace						
Name of person giving information <i>Matilda Johnson</i>	How related to deceased <i>daughter</i>						

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Granition</i>	How long <i>two months</i>
Immediate <i>Cardiac Arthemia</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Josiah S. Brown</i>
	Address <i>W. Washington, Md.</i>
Accident or Suicide?	



Name In Full		Eliza A Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Baltimore		County Baltimore		MARYLAND	
	Date of death	1907	Month Nov.	Day 25th	Age 51	Months	Days
	Sex	Female		Color or Race	White American		
	Occupation	None.		Where Residing if not at place of death	16th + Toome St.		
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	John Tysrell			Father's Birthplace	Ireland	
	Mother's Maiden Name	Margaret Burns			Mother's Birthplace	Ireland	
Name of person giving information	Chas Tysrell			How related to deceased	Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phthisis Pulmonalis				How long	6 mos.
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					839 S. Baltimore St.		
Accident or Suicide?							

37

William Cook

Holy Cross Cemetery

Name
in
Full

Gladys Rebecca Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov	8				7
Sex		Color or Race		Birth-place			
Female		Coloured		Mount Silboa			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Alfred Jones				Howard Lee Lee			
Mother's Maiden Name				Mother's Birthplace			
Lydia Redent				Mt Silboa Md			
Name of person giving information				How related to deceased			
Mary Jane Lee				Cousin			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. L. Mansfield M.D.
yes		Address	Health Officer Calmanville, Va.
Accident or Suicide?			



Name
in
Full

Susan K Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

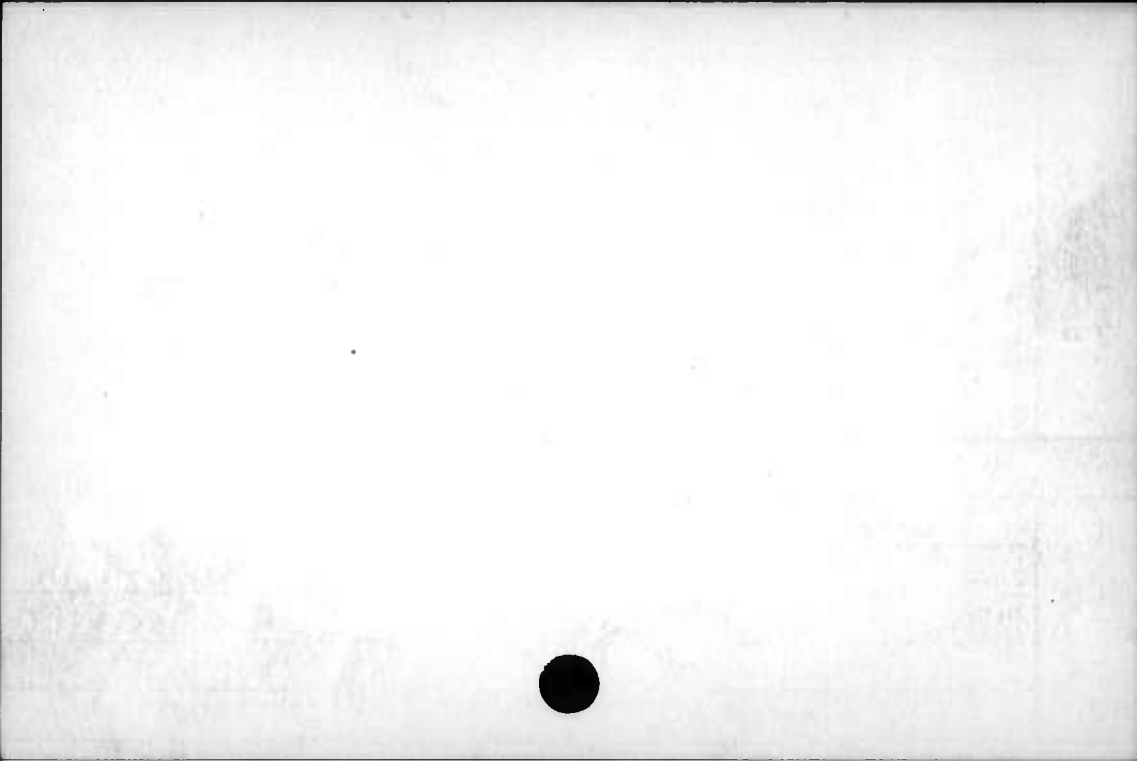
Died at <u>Cella</u> Town		<u>Balto</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>26</u>	Age <u>73</u>	Months <u>no</u>	Days <u>no</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>House keeper</u>		Where Residing if not at place of death <u>Cella</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Nicholas Jones</u>				
Father's Name <u>Absalom Stinchcomb</u>	Father's Birthplace <u>don't know</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>don't know</u>				
Name of person giving information <u>Nicholas Jones</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

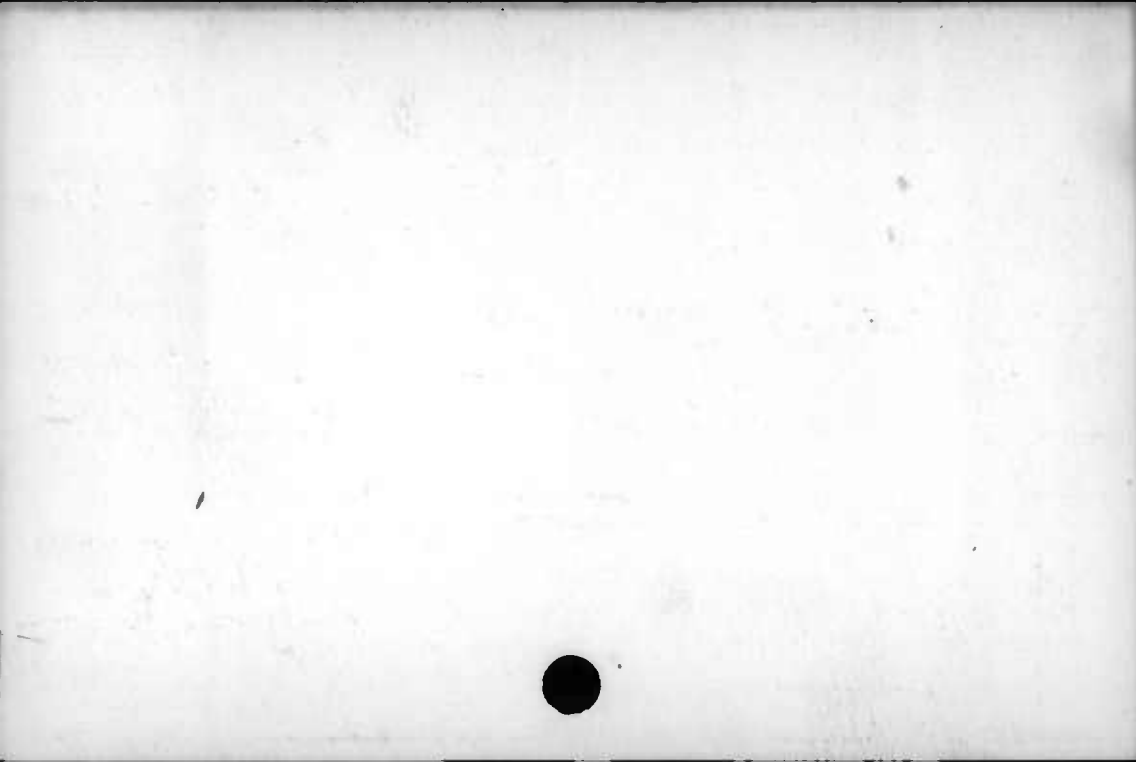
79

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u>	How long <u>Years</u>
Immediate <u>Heart failure</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>N.C. Shivers</u>
<u>J</u>	Address <u>Gillicott City</u>
Accident or Suicide?	



Name in Full		Infant Jones				County		Baltimore		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Shippend Town		Day		Age		Years		Months	
	Date of death		1907		Month		Day		Age		Years	
	Sex		Female		Color or Race		Black		Birth-place		Shippend	
	Occupation				Where Residing if not at place of death							
	Married, Single or Widowed				Name of Wife or Husband							
	Father's Name				Herbert Jones				Father's Birthplace			
	Mother's Maiden Name				Alison				Mother's Birthplace			
Name of person giving information				Herbert Jones				How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div>												
PHYSICIAN OR CORONER	Primary				Sick in Utter				How long			
	Immediate								How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				J. P. Payne M.D.			
	Accident or Suicide?				Address				Orbit			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Texas Md* *Balto.*

Date of death *1907* *Mar. 24* *18* *75* *yr*

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *laborer* Where Residing if not at place of death *same*

Married, Single or Widowed *married* Name of Wife or Husband *Ellen Kengh*

Father's Name *Dennis Kengh* Father's Birthplace *Ireland*

Mother's Maiden Name *Mrs Fitzmaurice* Mother's Birthplace *Ireland*

Name of person giving information *Thos Kengh* How related to deceased *Son*

CAUSES OF DEATH

93

Primary *Typhoid Pneumonia* How long *nine days*

Immediate *and Hypertrophy of Liver*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. T. Boney*

Address *Texas Md*

Accident or Suicide? *—*

St Joseph's Cemetery
Texas

H. C. Windefield

Dec 2/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

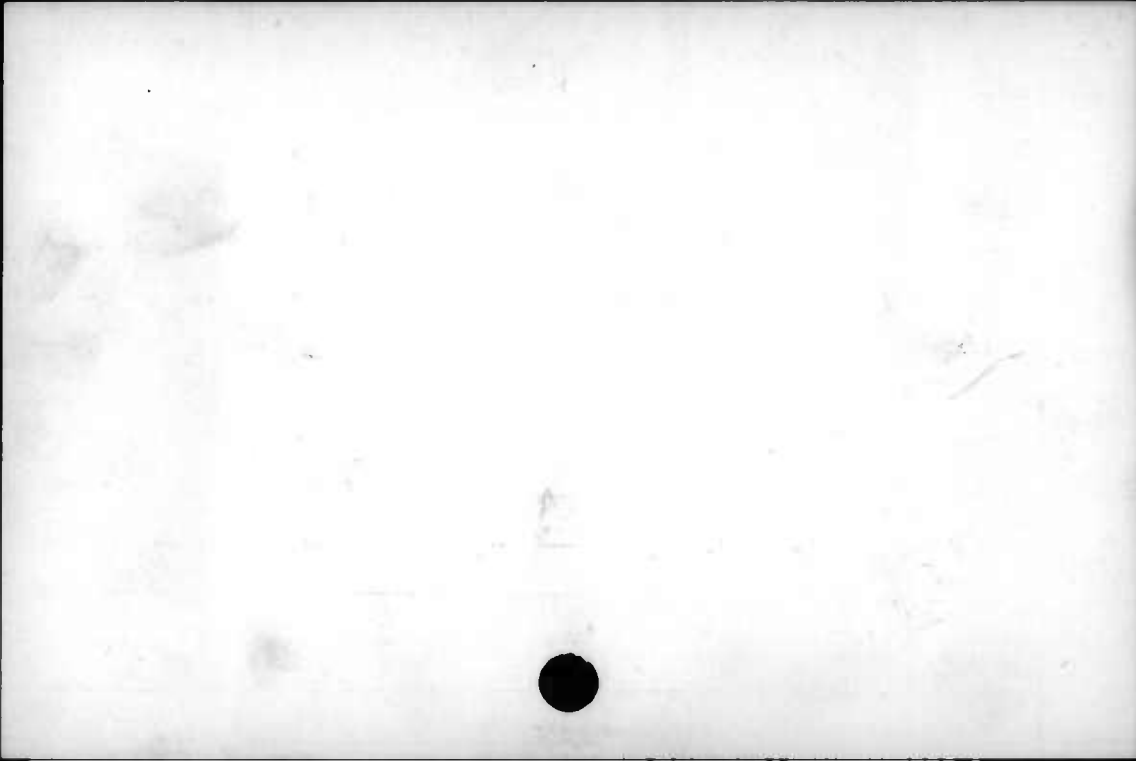
Died at <i>Mt Womans</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>27</i>	Age <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birthplace <i>New Market</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Mt Womans</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Sammuel Larson</i>				
Father's Name <i>Larson Christopher</i>	Father's Birthplace <i>Eastern Shore</i>				
Mother's Maiden Name <i>Bosa Morgan</i>	Mother's Birthplace <i>Eastern Shore</i>				
Name of person giving information <i>Eliza White Myers</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Paralysis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Pratt</i>
	Address <i>Mt Womans</i>
Accident or Suicide? <i>No</i>	<i>Md</i>



Name
in
Full

Geo Gehl Lehr

CERTIFICATE OF DEATH

Town

County

Died at

Picheville

Balto

MARYLAND

Date

of death 190

7

Month

Nov

Day

13th

Age

Years

5-4

Months

Days

10

Sex

Male

Color or
Race

White

Birth-
place

Germany

Married, Single
or Widowed

Married

Occupation

Carpenter

Name of Wife or
Husband

Katie Gehl

Father's
Name

Geo Gehl

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Sreger

Mother's
BirthplaceName of person giving
Information

Katie Gehl

How related
to deceased

Wife

CAUSES OF DEATH

79

Primary

Acute Stenosis

How long

1 year

Immediate

Cardiac Insufficiency

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. C. Smith

Address

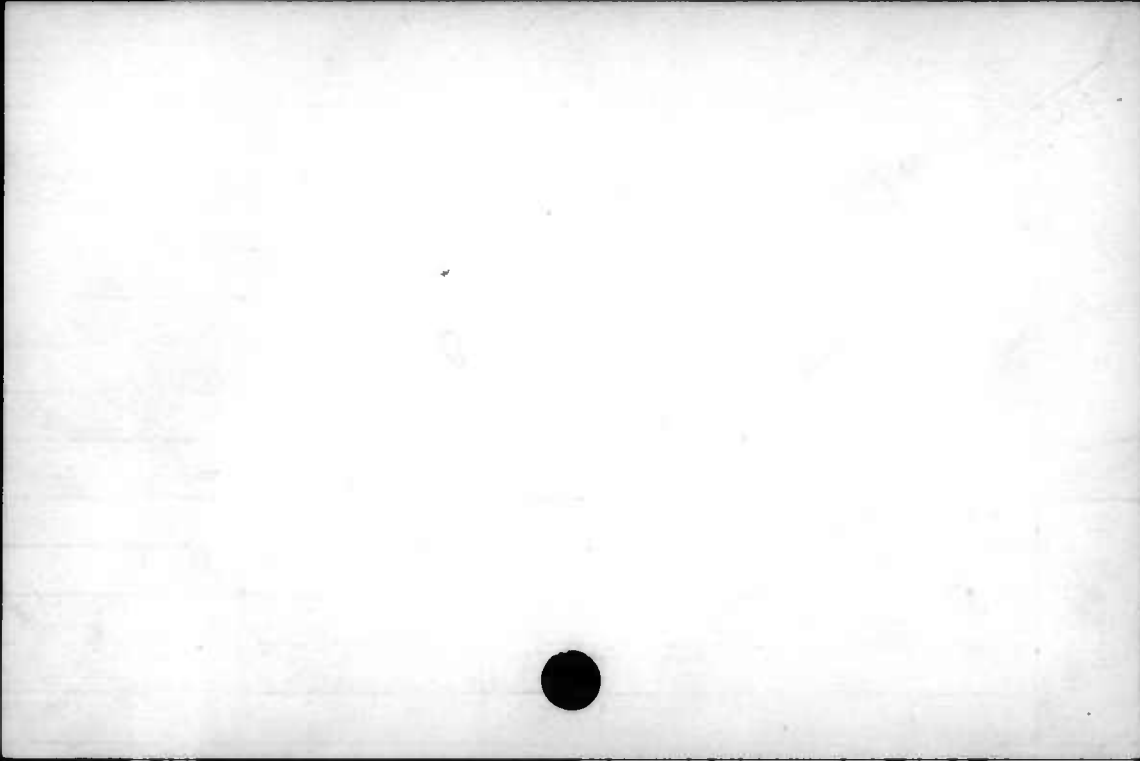
Madison St

Md.

Accident or Suicide?

yes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Leonardt Jr.		Town Parkville		County Baltimore		MARYLAND	
Died at Parkville		Month Nov.		Day 13		Years 22	
Date of death 1907		Month Nov.		Day 13		Age 22	
Sex Male		Color or Race White		Birthplace Baltimore, Md.		Months 6	
Occupation Engineer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name William Leonardt		Father's Birthplace Baltimore Md.					
Mother's Maiden Name Thomas Ann. Forster		Mother's Birthplace Baltimore Md.					
Name of person giving information Wm. Leonardt		How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 yrs.
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Walter H. Vinal	
		Address	
		Hamilton, Md.	
Accident or Suicide			

Evans + Spence

118 + 130 W. Mt. Royal Ave.

Druid Ridge Cemetery

Name
in
Full

Andrew Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boston</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>18</u>	Age <u> </u>	Years <u> </u>	Months <u>3</u> Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Andrew Long</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Carrie Kirmse</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Andrew Long</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>Two weeks</u>
Immediate <u>Exhaustion</u>	How long <u>One week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. O. Long</u>
	Address <u>2429 Hart Ave</u> <u>Baltimore City</u>
Accident or Suicide?	

Mount Carmel Cemetery
November 19th 1904
Germanus France
Under later

Name

in
Full

CERTIFICATE OF DEATH

Rufus Living Lowman

Town

County

MARYLAND

Died at

*Arbutus**Bolton Co*

Date

Month

Day

Years

Months

Days

of death

*1907 nov**29*

Age

*34**8*

Sex

*male*Color or
Race*white*Birth-
place*Anne Arundel*

Occupation

*Farmer*Where Residing if not
at place of death*at place of death*Married, Single
or Widowed*single*Name of Wife or
HusbandFather's
Name*Nickolas Lowman*Father's
Birthplace*Maryland*Mother's
Maiden Name*Maria E Disney*Mother's
Birthplace*Maryland*Name of person giving
Information*Nickolas Lowman*How related
to deceased*Father*

CAUSES OF DEATH

(93)

Primary

Pneumonia

How long

9 days

Immediate

same

How long

*same*Are the name, age, sex, color, date
and place correctly given above?*ye*Signature of
Physician*Arthur Williams*

Address

*22 K Ridge Howard
Co Md*

Accident or Suicide?

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Crowley Bros
25 N. Fulton Ave
Undertakers

Place of Burial
Adenton A. A. Co., Md.

Name
in
Full

William Maddock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Reentry ^{County} BaltoDate of death 1907 ^{Month} Nov ^{Day} 21st ^{Years} Age 65^{Months} Not Known ^{Days} Not Known

Sex Male

Color or Race White

Birth-place Ireland -

Occupation Gardener

Where Residing if not at place of death Balto Md -

Married, Single or Widowed Widower

Name of Wife or Husband Not Known

Father's Name Not Known

Father's Birthplace Not Known

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Recd. Mt Hope Reentry

How related to deceased Not at all -

CAUSES OF DEATH

68

Primary Melancholia -

How long 7 or 8 mos -

Immediate Exhaustion -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank J. Flannery M.D.
Address Mt Hope Reentry
Balto Md -

Accident or Suicide?



Name
in
Full

Wm Mahoney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balti. Co. Ala.</i>		Town <i>Co. Ala.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>	Day <i>12</i>	Age <i>56</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Unknown</i>		Where Residing if not at place of death <i>See above</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>Cerebro Spinal Meningitis</i>	<i>came here sick</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. Phos. C. Bussey</i>
		Address <i>Texas</i>
Accident or Suicide?	<i>no</i>	<i>Md.</i>

John Fields arrived to
1200 W. Lombard St
and Bond St.

Allicatt Landing

Howard Co

on Thursday

Name
in
Full

Adolph Marks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

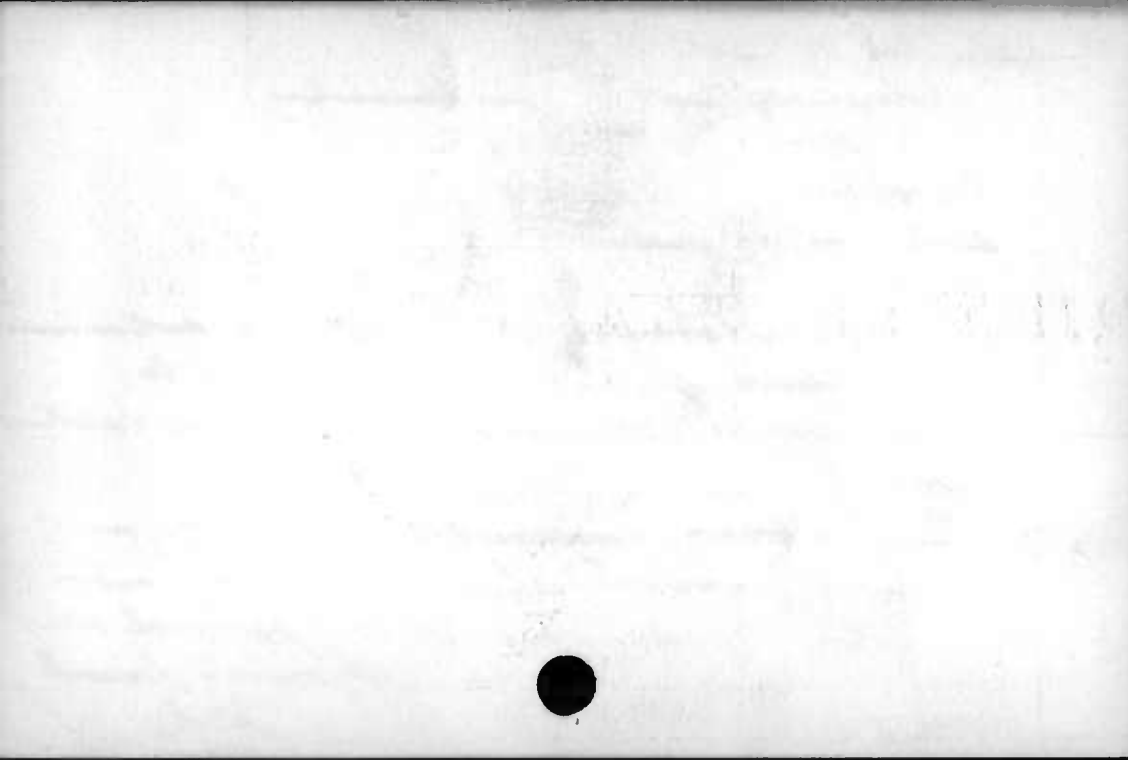
Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1901</i>		Month <i>November</i>		Day <i>1st</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White Hungarian</i>		Birth-place <i>Hungary</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Marks.</i>		Father's Birthplace <i>Hungary</i>					
Mother's Maiden Name <i>Terezia Schaffer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Elizabeth Ganger</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

(1116)

PHYSICIAN
OR CORONER

Primary	<i>General peritonitis</i>	How long	<i>7 days</i>
Immediate	<i>Cardiac failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. P. Sandrock</i>	
		Address <i>St. Agnes Hospital Wilkins av.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

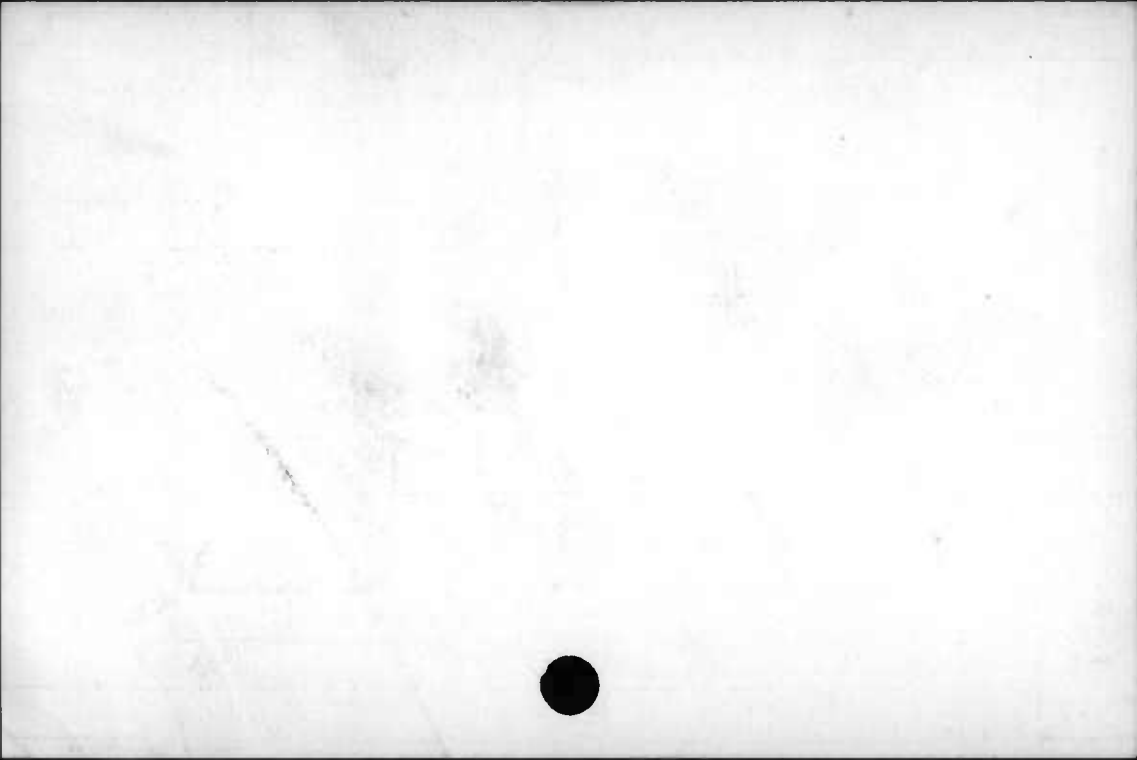
Name <i>Stella Marys</i>		Town <i>Palapasco Neck</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>Nov.</i>		Day <i>9th</i>		Age <i>18</i>	
Date of death <i>1907</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>Niger</i>		Birth-place <i>Pa.</i>			
Occupation <i>Seamstress in dry-cleaning</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William</i>		Father's Birthplace <i>Wisconsin</i>					
Mother's Maiden Name <i>Annice Surger</i>		Mother's Birthplace <i>U. C.</i>					
Name of person giving information <i>George McKeeler</i>		How related to deceased <i>Step Father</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonodes</i>		How long <i>2 years</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Glend M.D.</i>	
Address <i>Spring Point Md</i>			
Accident or Suicide? <i></i>			



Name
in
Full

Laura Marian Mellor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at <u>Cella</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>Nov.</u> ^{Day}	<u>23</u> ^{Age}	<u>2</u> ^{Years}	<u>3</u> ^{Months}
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>none</u>		Birth-place	<u>Maryland</u>	
Where Residing if not at place of death			<u>_____</u>		
Married, Single or Widowed	<u>Single</u>		Nome of Wife or Husband	<u>none</u>	
Father's Name	<u>Albert J Mellor</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Laura M Hogan</u>			Mother's Birthplace	<u>Maryland</u>
Nome of person giving information	<u>Albert J Mellor</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

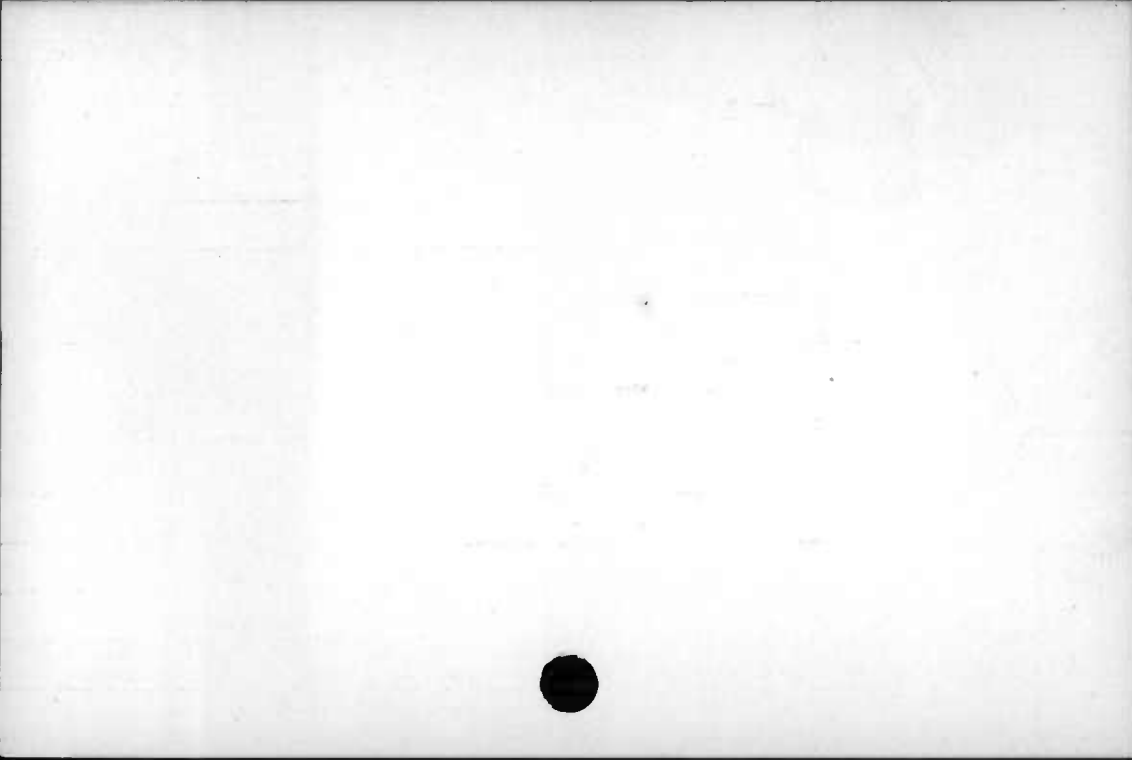
104

PHYSICIAN
OR CORONER

Primary	<u>acute indigestion & dys</u>	How long	<u>3 days</u>
Immediate	<u>acute indigestion & dys</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes.</u>		<u>N.C. Shute</u>	
Address		<u>Gillicott City</u>	
<u>2</u>		<u>MD</u>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>4215 York Road</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>
	Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>13</i>	Age <i>—</i>	Years <i>—</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>	Months <i>—</i>
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>	
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Adolph Meyer</i>		Father's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>Meyer</i>		Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>—</i>		How related to deceased <i>—</i>		152	
PHYSICIAN OR CORONER	CAUSES OF DEATH				
	Primary <i>Asphyxiation during delivery</i>		How long <i>—</i>		
	Immediate <i>—</i>		How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. D. Brown</i>		
	Accident or Suicide?		Address <i>663 Gorsuch Ave Baltimore</i>		



Name
in
Full

CERTIFICATE OF DEATH

Willie Wilson

Town

County

MARYLAND

Died at

Monroe Park

Baltimore

Date

1907 Nov

Day

7

Age

Years

Months

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Monroe Park

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John A. Wilson

Father's
Birthplace

Ind

Mother's
Maiden Name

Barbara Warner

Mother's
Birthplace

Ind

Name of person giving
information

Barbara Wilson

How related
to deceased

Mother

CAUSES OF DEATH

72

Primary

Zetons

How long

24 hours

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

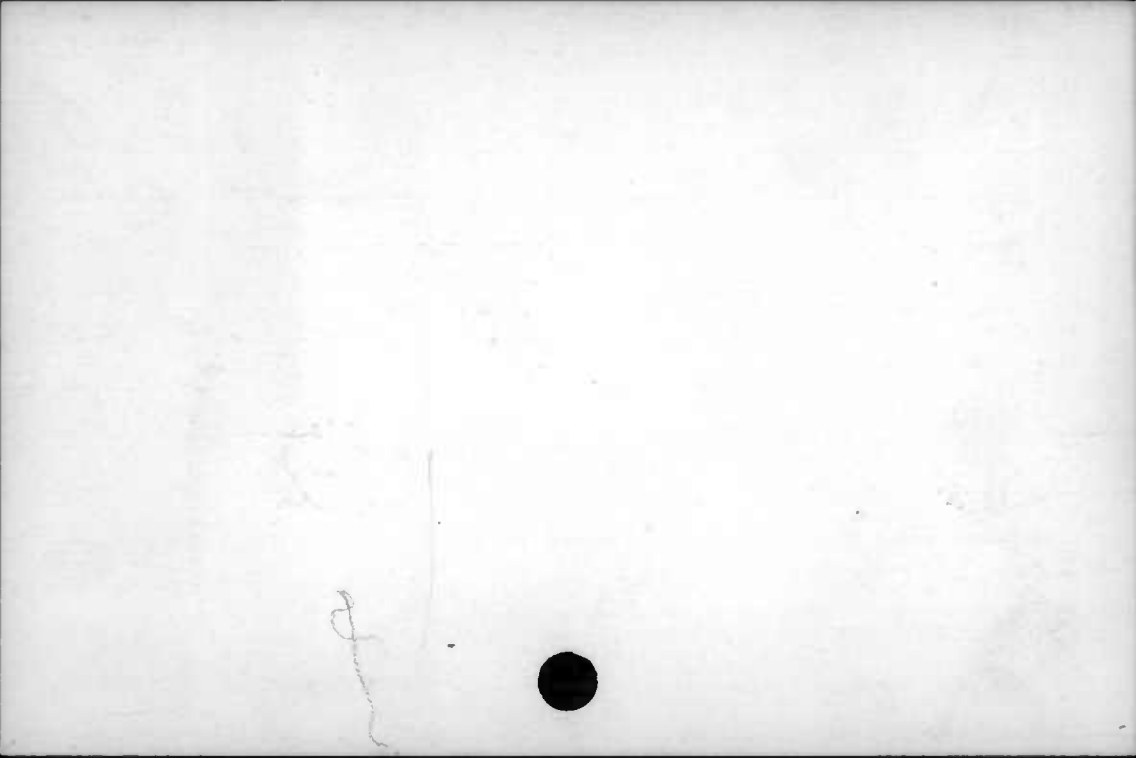
Z. Hall

Address

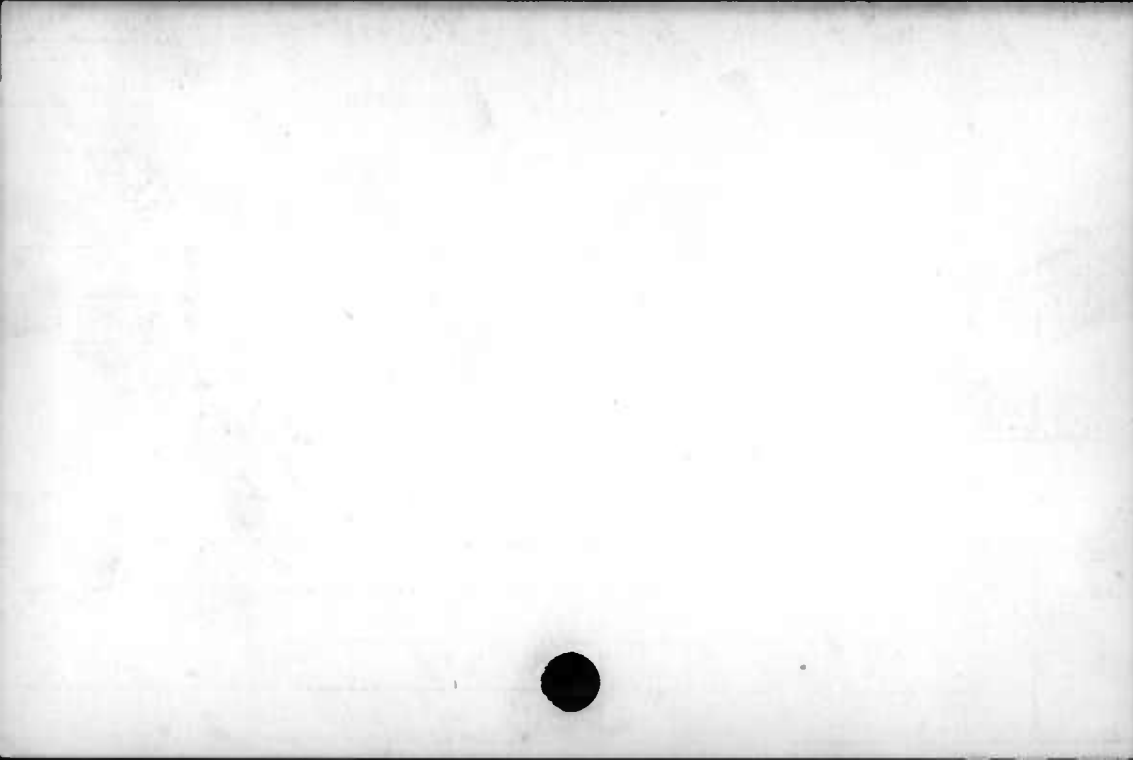
1117 Wilson

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Madeline Miller				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at	Monroe		Baltimore		MARYLAND						
	Date of death	1907	Month	Nov	Day	13	Age	Years	3	Months	9	Days
	Sex	female		Color or Race		white		Birth-place		Ind		
	Occupation	—		Where Residing if not at place of death		—						
	Married, Single or Widowed	Single		Name of Wife or Husband								
	Father's Name	Geo Miller					Father's Birthplace		Ind.			
	Mother's Maiden Name	Elizabeth Hare					Mother's Birthplace		Ind.			
Name of person giving information	Elizabeth Miller					How related to deceased		mother				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary	Malnutrition					How long		4 yrs.			
	Immediate	Convulsions					How long		6 mos.			
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician		Geo. S. M. Kieffer Ind.			
	Accident or Suicide?	J					Address		Monroe Park Baltimore Co. Ind.			



Levin Mitchell

Town

County

Baltimore

MARYLAND

Died at Fifth St

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189 1907

Nov

27

Age 53

9

2

Baltimore Co

Teacher

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Cancer Stomach

Death

Immediate

General Breakdown

How long sick

40 about 1 year

Accident, Suicide, Homicide

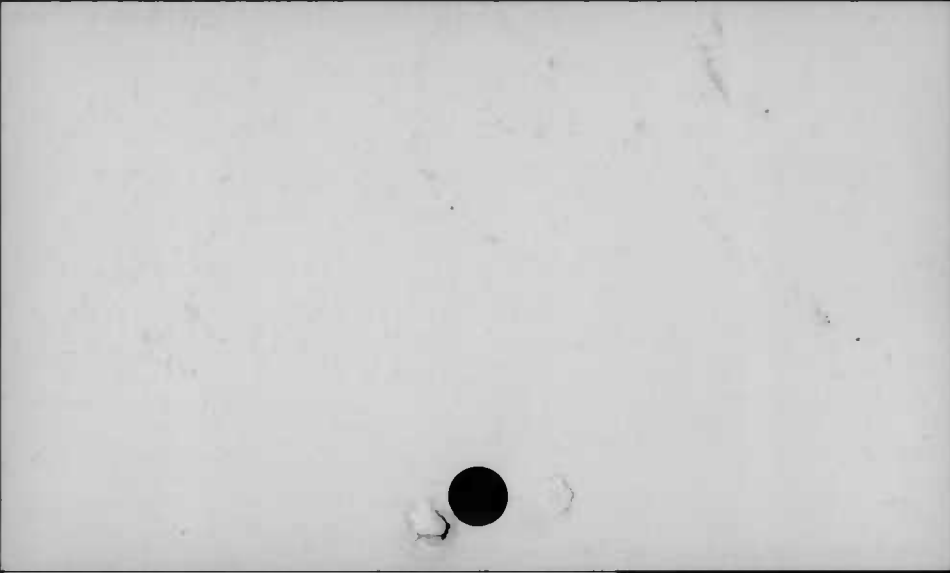
Reported by

Dr C Wells

Address

Hamptstead Carrol Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Walter M. Morgan Jr.

Town

County

Died at Stigheandtown

MARYLAND

Date

of death 1907

Month

Nov

Day

27

Years

Age

Month

14

Days

23

Sex

Male

Color or
Race

White

Birth-
place

St. Helena

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Walter M. Morgan

Father's
Birthplace

Wid.

Mother's
Maiden Name

Bessie B. Gink

Mother's
Birthplace

Wid.

Name of person giving
In formation

Walter M. Morgan

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Pneumonia

How long

12 days

Immediate

Spinal Meningitis

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. F. A. Slautz

Address

41 Eastern Ave. Ch.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

R. J. Turner

Name
in
Full

Nicolas S. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

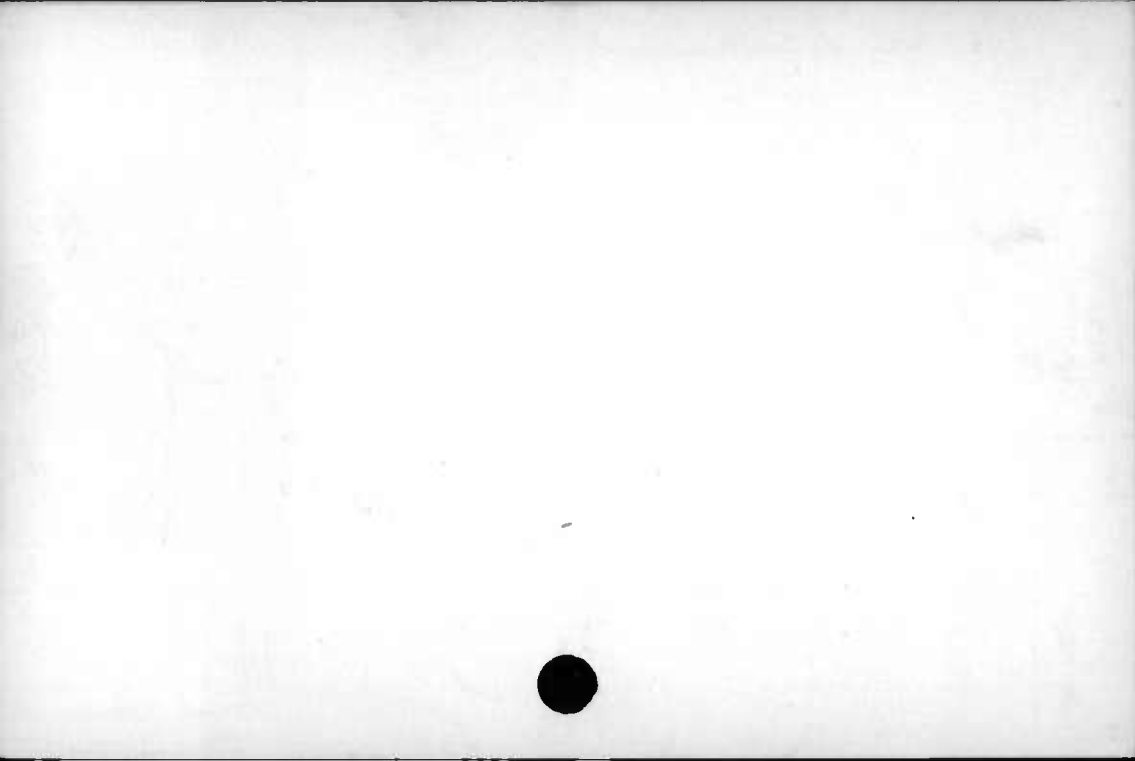
Died at		Town Freelands		County Balt		MARYLAND	
Date of death		Month 11	Day 2	Age 66	Years	Months 10	Days 26
Sex Male		Color or Race White		Birth- place Md			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband Mary Morris			
Father's Name		Samuel, Morris		Father's Birthplace		Md	
Mother's Maiden Name		Julia, Hunt		Mother's Birthplace		Md	
Name of person giving information		Jacob, Morris		How related to deceased		Son	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia	How long 4 weeks
Immediate	abscess of Lung	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		R. B. Morris
Address		Parkton Md
Accident or Suicide?		



Name
in
Full

Jane Mullen

310

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

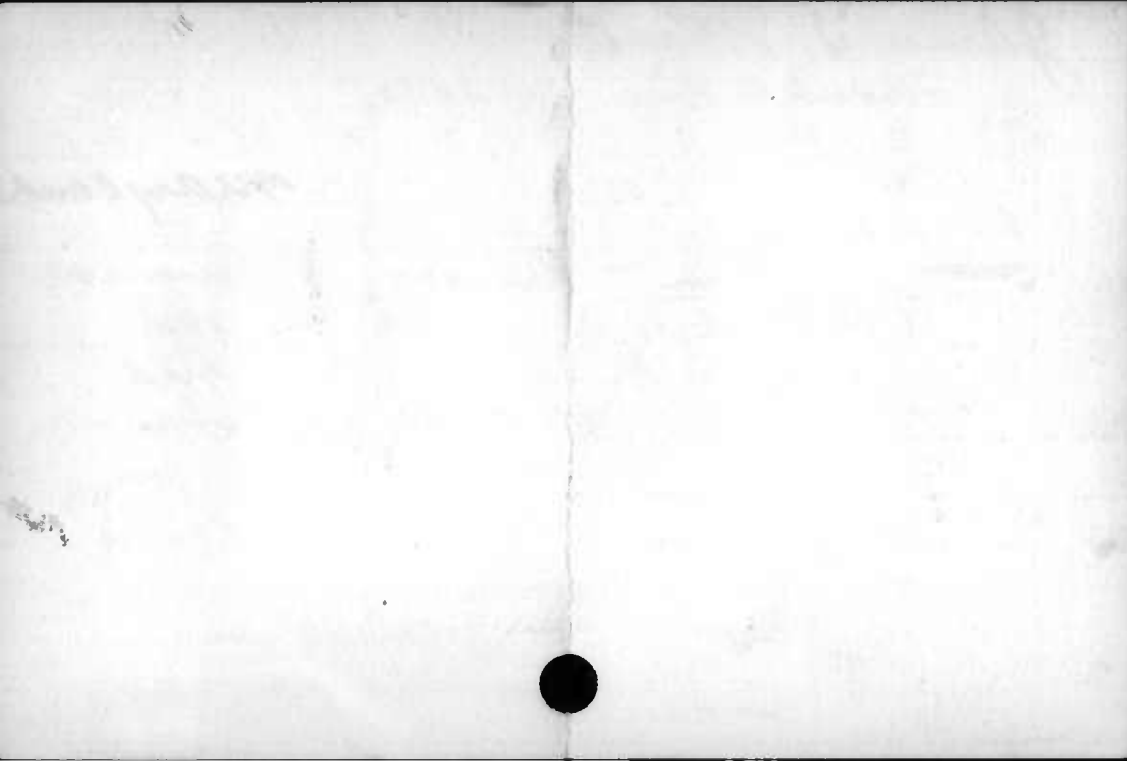
Died at <u>Sunnybrook</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	Nov.	Day	7
Age		79		Years	
Sex	Female	Color or Race	White	Birth place	Balto. Co. Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife Husband	Michael Mullen		
Father's Name	James Francis		Father's Birthplace	Unknown	
Mother's Maiden Name	Matilda Chace		Mother's Birthplace	Unknown	
Name of person giving information	Henry Mullen		How related to deceased	Son	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	3 weeks
Immediate	General debility	How long	" "
Are the name, age, sex, color, date and place correctly given above?	—		
Signature of Physician	John S. Green		
Address	Hittings Md.		
Accident	Suicide		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James J. Munroe

Died at

Franklin town

County

Baltimore

MARYLAND

Date

1907

Month

Nov.

Day

27

Age

82

Months

11

Days

21

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Retired Farmer

Where Residing if not
at place of death

Franklin town

~~Married~~
WidowedName of Wife or
Husband

Rebecca N. Munroe

Father's
Name

Richmond L. Munroe

Father's
Birthplace

Md

Mother's
Maiden Name

Mary Silworth

Mother's
Birthplace

Md

Name of person giving
information

Frank F. Munroe

How related
to deceased

Son

CAUSES OF DEATH

62

PHYSICIAN
OR CORONER

Primary

Portuac Spinal Sclerosis

How long

1 year

Immediate

Hypertatic Pneumonia

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. C. Smith

Address

Woodlawn Sta

Accident or Suicide?

St Mary's Run
Joe B. Pook

Name
in
Full

Thomas L. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Washington</i> ^{Town}		<i>Belgium</i> ^{County}		MARYLAND			
Date of death	<i>1907</i>	^{Month} <i>Nov.</i>	^{Day} <i>13.</i>	^{Years} <i>68.</i>	^{Months} <i>8</i>	^{Days} <i>0</i>	
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ireland</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Margaret</i>			
Father's Name	<i>Peter Murphy</i>			Father's Birthplace	<i>Ireland</i>		
Mother's Maiden Name	<i>Elizabeth Murphy</i>			Mother's Birthplace	<i>Ireland</i>		
Name of person giving information	<i>Lawrence Murphy</i>			How related to deceased	<i>son</i>		

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Malignant Growth, left neck.</i>	How long	<i>about one year</i>
Immediate	<i>Asthma.</i>	How long	<i>two months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>William J. Todd</i>
<i>District</i>		Address	<i>Mt Washington Md</i>
Accident or Suicide?			

St. Mary's Cemetery
Lorain

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1593

Name
in
Full

Infant of James & Marie Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> ^{Town}		<u>Balti</u> ^{County}		MARYLAND	
Date of death	190 <u>7</u>	Month <u>11</u>	Day <u>16</u>	Age <u>—</u>	Years <u>—</u> Months <u>—</u> Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balti Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>106 S. Bouldin St.</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James Murray</u>		Father's Birthplace <u>Balti.</u>			
Mother's Maiden Name <u>Marie Brooks</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>James Murray</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

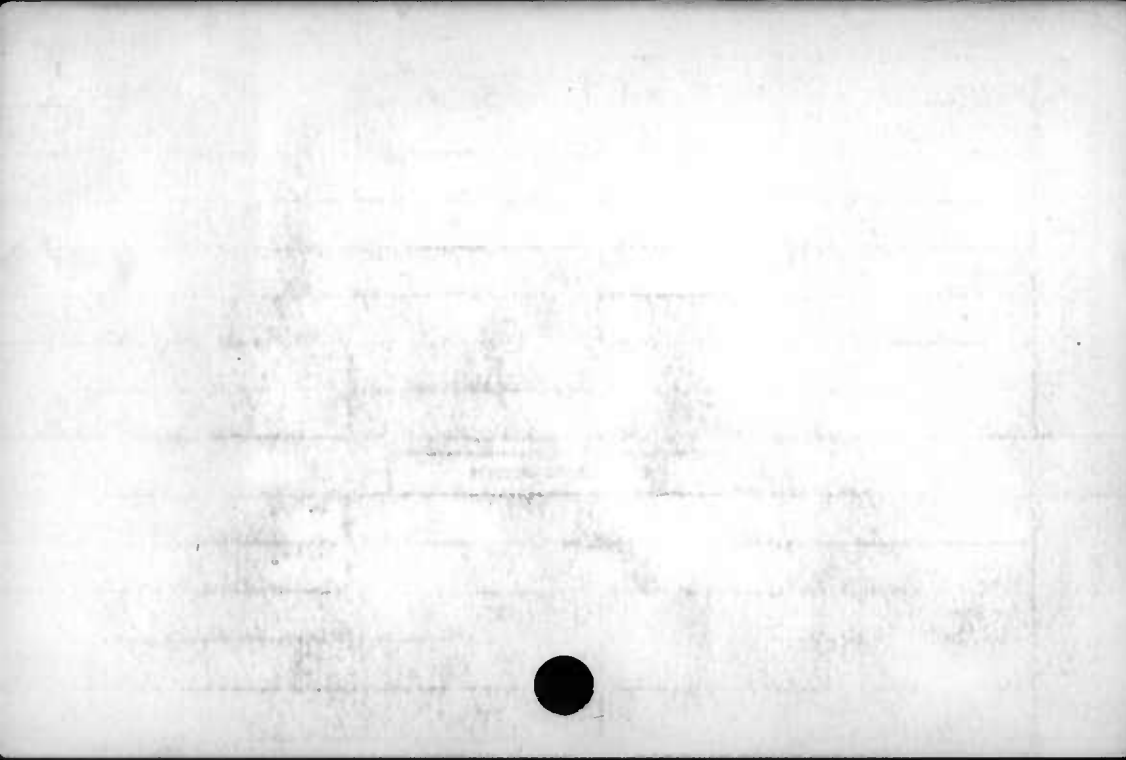
PHYSICIAN
OR CORONER

Primary <u>Immature Birth</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. S. Sudler</u>
<u>—</u>	Address <u>344 1/2 E. Balt St</u>
<u>—</u>	<u>Highlandtown</u>
Accident or Suicide?	

Louden Park Cemetery
Hernig & Son

11/16/07

Name in Full		Edna Mary. Nace				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near White Hall</i>		Town <i>Balt</i>		County		MARYLAND
	Date of death	1907	Month	11	Day	11	Age
	Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>2</i>		Months <i>3</i>
	Occupation <i>—</i>		Birth-place <i>md</i>		Days <i>—</i>		
	Where Residing if not at place of death <i>—</i>						
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Robert Nace</i>		Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Ida Hicks</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Robt. Nace</i>		How related to deceased <i>Father</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(10)</div>							
PHYSICIAN OR CORONER	Primary <i>La-Grippe</i>		How long <i>1 week</i>				
	Immediate <i>Spasmodic Cramp</i>		How long <i>12 hrs</i>				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Robt R. Norris</i>		Address <i>Parkton</i>		
	Accident or Suicide? <i>—</i>		Address <i>md</i>				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Highlandtown* ^{County} *Balto.*Date of death 190 ^{Month} *7* ^{Day} *28* Age ^{Years} *4* ^{Months} *2* ^{Days}Sex *Female* Color or Race *White* Birth-place *Balto. Ind.*Occupation *None* Where Residing if not at place of death~~Married~~ Single
~~or Widowed~~Name of Wife or
HusbandFather's Name *Joseph Lee* Father's Birthplace *Balto. Ind.*Mother's Maiden Name *Anna Simmes* Mother's Birthplace *" "*Name of person giving Information *Anna Lee* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pneumonia* How long *2 or 3 days*Immediate *Convulsions* How long *19 minutes*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R. T. Hardy*Address *1902 Bank St
Baltimore Ind.*

Accident or Suicide?

Holy Redeemer
Cemetery

John A. Moran.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

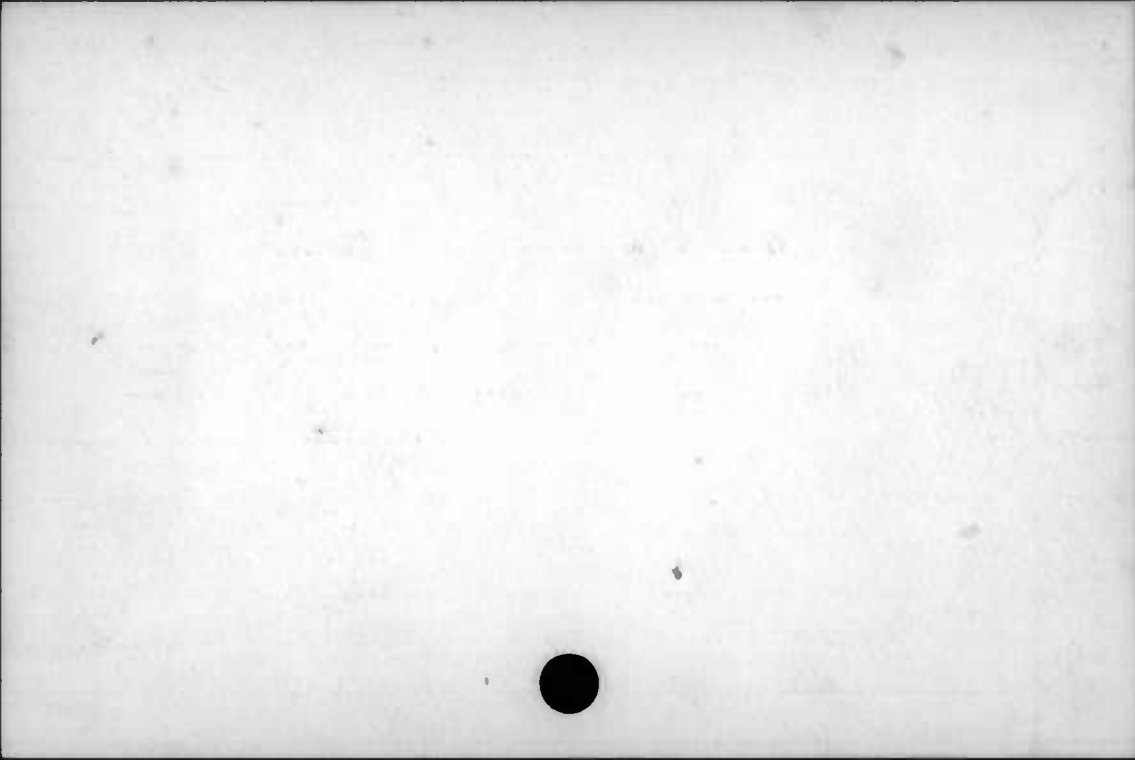
Died at <i>Magdalen Neff</i>		Town <i>Hamilton</i>		County <i>Balto.</i>		MARYLAND	
Date of death 190	Month <i>Nov.</i>	Day <i>6</i>	Age <i>18</i>	Months <i>2</i>	Days <i>21</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>City</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Housework</i>				
Name of Wife or Husband							
Father's Name <i>Not known</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name				Mother's Birthplace <i>id</i>			
Name of person giving information <i>Mr. Styer</i>				How related to deceased <i>Grand</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>One year.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Kinal</i>
	Address <i>Hamilton, Md.</i>
Accident or Suicide?	



Name
in
Full

Donald Ellsworth Norcom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

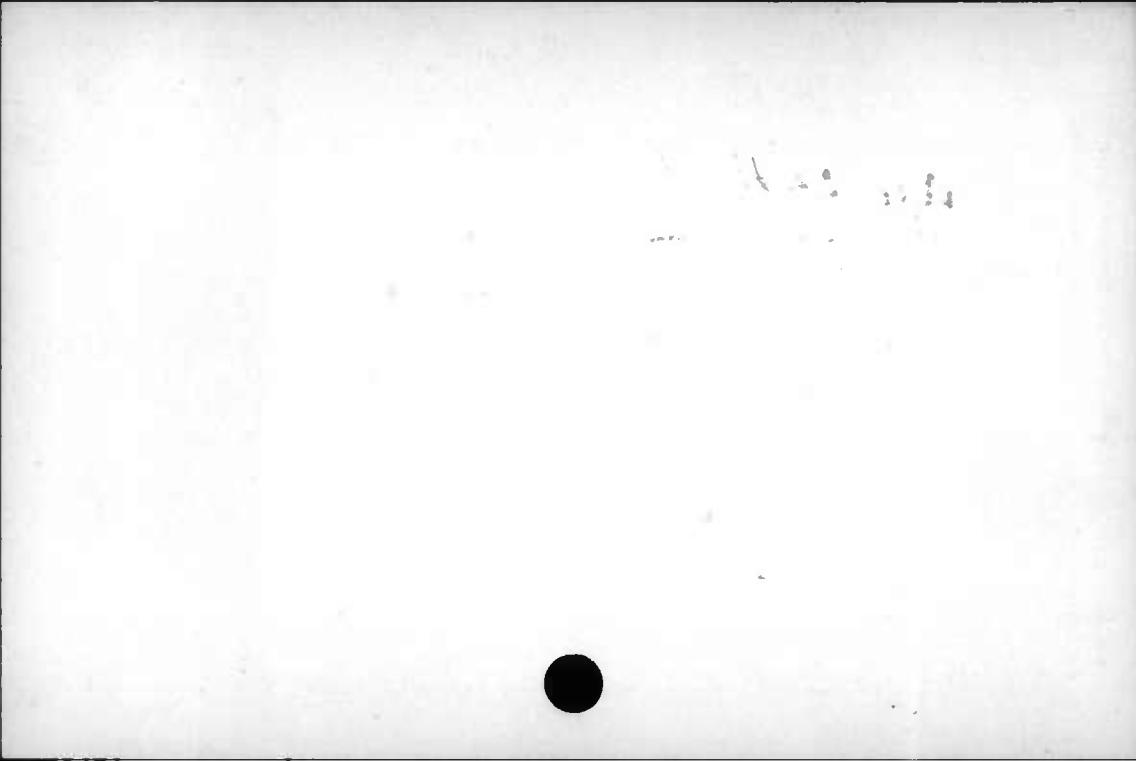
Died at <i>Auriga Mills</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>7</i>	Month <i>11</i>	Day <i>4</i>	Age <i>14</i>	Months <i>6</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Baltimore City</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>James Norcom</i>			Father's Birthplace <i>Washington D.C.</i>		
Mother's Maiden Name <i>Maggie Fowler</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Mrs Chas E. Brown</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>10 years</i>
Immediate <i>Status Epilepticus & Exhaustion</i>	How long <i>5 Days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Kearney M.D.</i>
<i>J</i>	Address <i>Auriga Mills</i>
Accident or Suicide? <i>Neither</i>	<i>Maryland</i>



Name

in

Full

Wm. E. Norman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

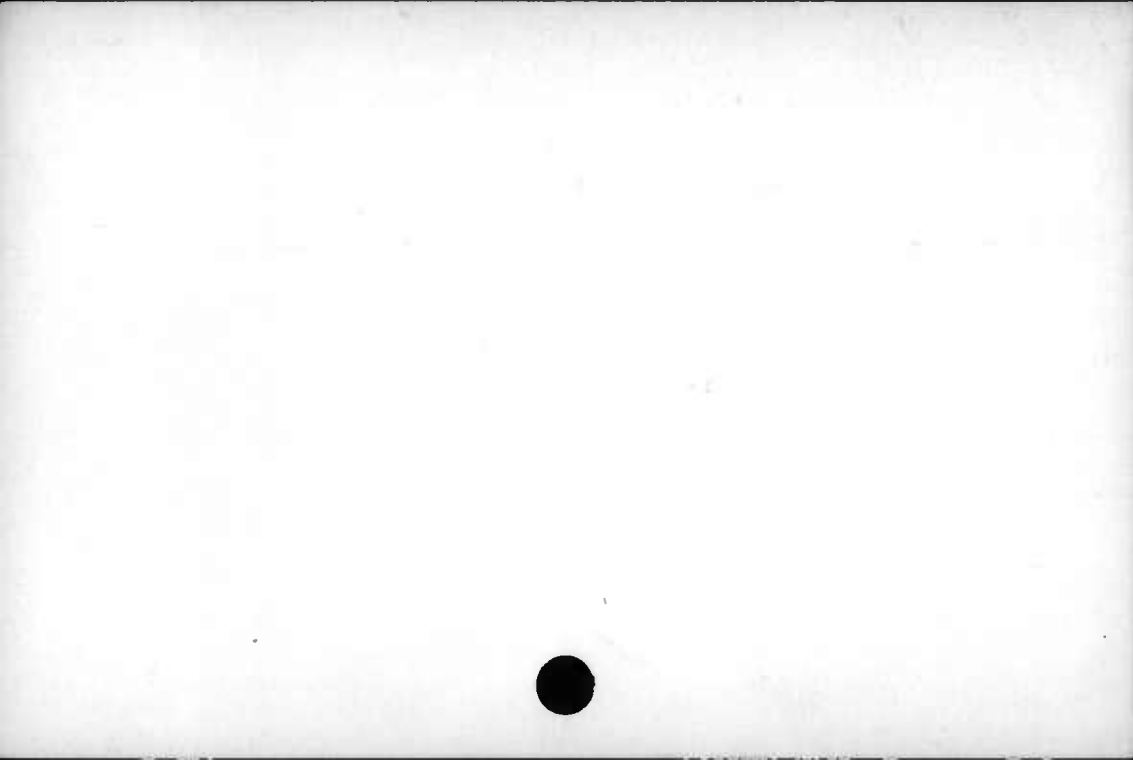
Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County		MAYLAND	
Date of death <i>1904 November 21</i>		Month <i>November</i>		Day <i>21</i>		Age <i>30 ?</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Mr. Norman</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>"</i>		Name of Wife or Husband					
Father's Name <i>"</i>		Father's Birthplace					
Mother's Maiden Name <i>"</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Obstruction</i>	How long	<i>5 days</i>
Immediate	<i>Britonitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>E. P. Sandrock</i>	
Address		<i>St. Agnes Hospital</i>	
Accident or Suicide?			



Name
in
Full

Max. Edgar Nye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death	1907	Month	November	Day	9
Age		21		Years	
Sex		m		Color or Race	White
Occupation		News paper man		Birth-place	Unknown
Where Residing if not at place of death		Kansas City Mo			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		H. Edgar Nye		Father's Birthplace	Unknown
Mother's Maiden Name		Not known		Mother's Birthplace	Not known
Name of person giving information		H. B. Williams		How related to deceased	a friend

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary	Epilepsy	How long	Not known
Immediate	Post Epileptic delirium	How long	Since Nov 5th 1907
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Richard J. Henry	
Address		Catonsville, Mo	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

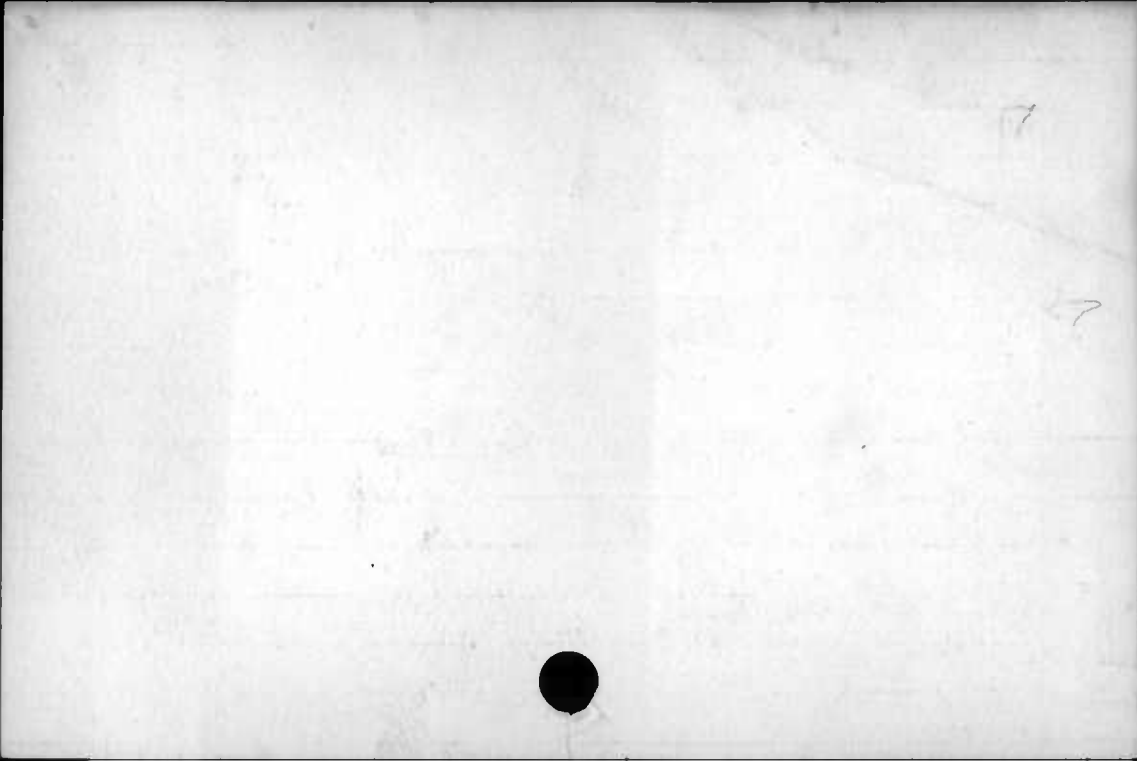
Died at		Town <i>Catonville</i>		County <i>Bald.</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
<i>1907</i>		<i>Nov.</i>	<i>10</i>	<i>29</i>	<i>29</i>	<i>-</i>	<i>-</i>
Sex		Color or Race		Birth-place			
<i>male</i>		<i>White</i>		<i>Bald. Md</i>			
Occupation				Where Residing if not at place of death			
<i>Merchant</i>				<i>✓</i>			
Married, Single or Widowed		Name of Wife or Husband					
<i>married</i>		<i>Leanneth O'Keefe</i>					
Father's Name		Father's Birthplace					
<i>Daniel O'Keefe</i>		<i>England</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Catherine Fone</i>		<i>Ireland</i>					
Name of person giving information				How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Phthisis</i>	How long	<i>3 yrs.</i>
Immediate	<i>Tuberculosis & diarrhoea</i>	How long	<i>one wk.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Benj. S. Hayley Md.</i>	
		Address	
		<i>1216 St. Caroline St. Bald. Md.</i>	
Accident or Suicide?			
<i>9</i>			



Name
In
Full

William Oltmanns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

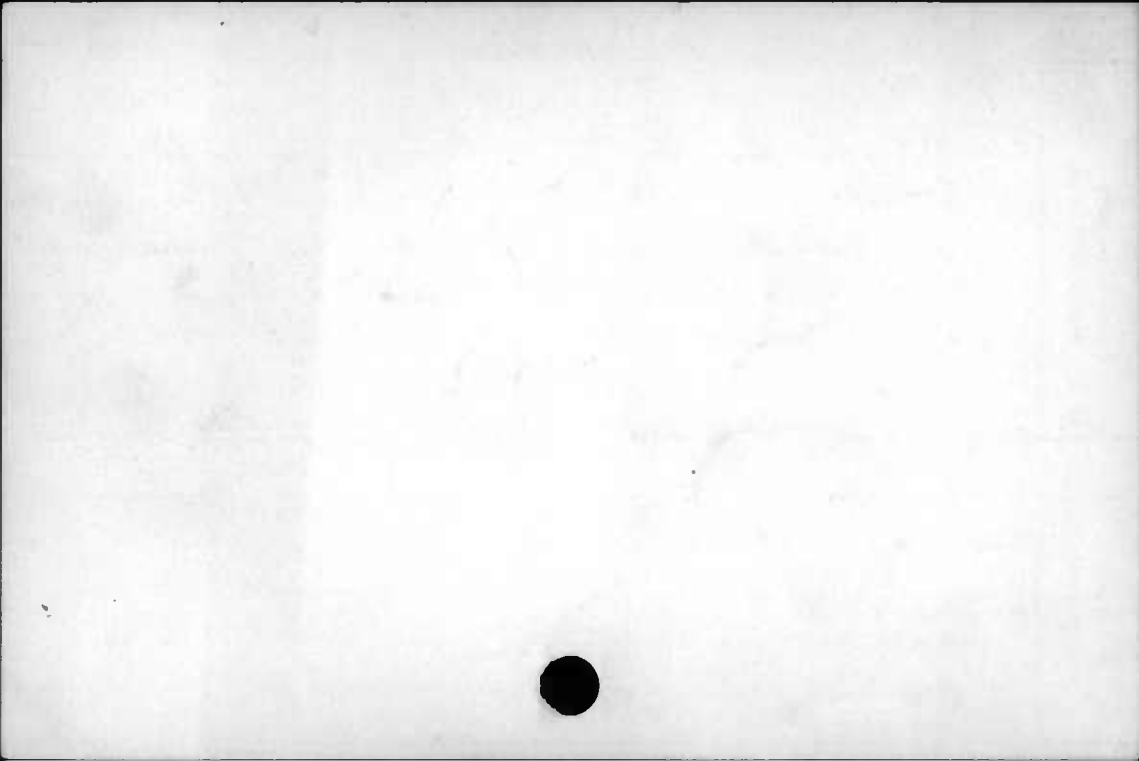
Died at <i>Westport</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>	Day <i>17</i>	Age <i>54</i> Years	Months <i>4</i> Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Westport</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Oltmanns</i>			
Father's Name <i>Peter J. Oltmanns</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Christiana Faber</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Margaret Oltmanns</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

155PHYSICIAN
OR CORONER

Primary <i>Taking poison</i>	How long <i>1/2 hour</i>
Immediate <i>Potassium Cyanide</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>August W. Miller (Coroner)</i>
	Address <i>M. Winans</i>
	<i>Baltimore Co. Md</i>
Accident or Suicide? <i>D</i>	

Adam Fink & Sons.
London Port.



Name
in
Full

Samarrae. Owens.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Changville</u> ^{Town}			<u>Balt</u> ^{County}			MARYLAND		
Date of death <u>1907</u>		Month <u>Nov</u>		Day <u>30</u>		Years <u>84</u>		Months <u>11</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Dorchester Co</u>				
Occupation <u>house</u>				Where Residing if not at place of death <u>Changville</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Thomas Owen</u>						
Father's Name <u>Egibel Lamm</u>						Father's Birthplace <u>Dorchester Co</u>		
Mother's Maiden Name <u>Lucia Mackney</u>						Mother's Birthplace <u>"</u>		
Name of person giving information <u>Am John Guy</u>						How related to deceased <u>Grand Daughter</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>La Grippe. General Debility</u>		How long <u>one week</u>
Immediate <u>Exhaustion</u>		How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo J. Young</u>
		Address <u>1735 N. B. Drury</u>
Accident or Suicide? <u>J</u>		

Henry Lutz
Undertaker

Baltimore

Cumby

Name
in
Full

Edward Painter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

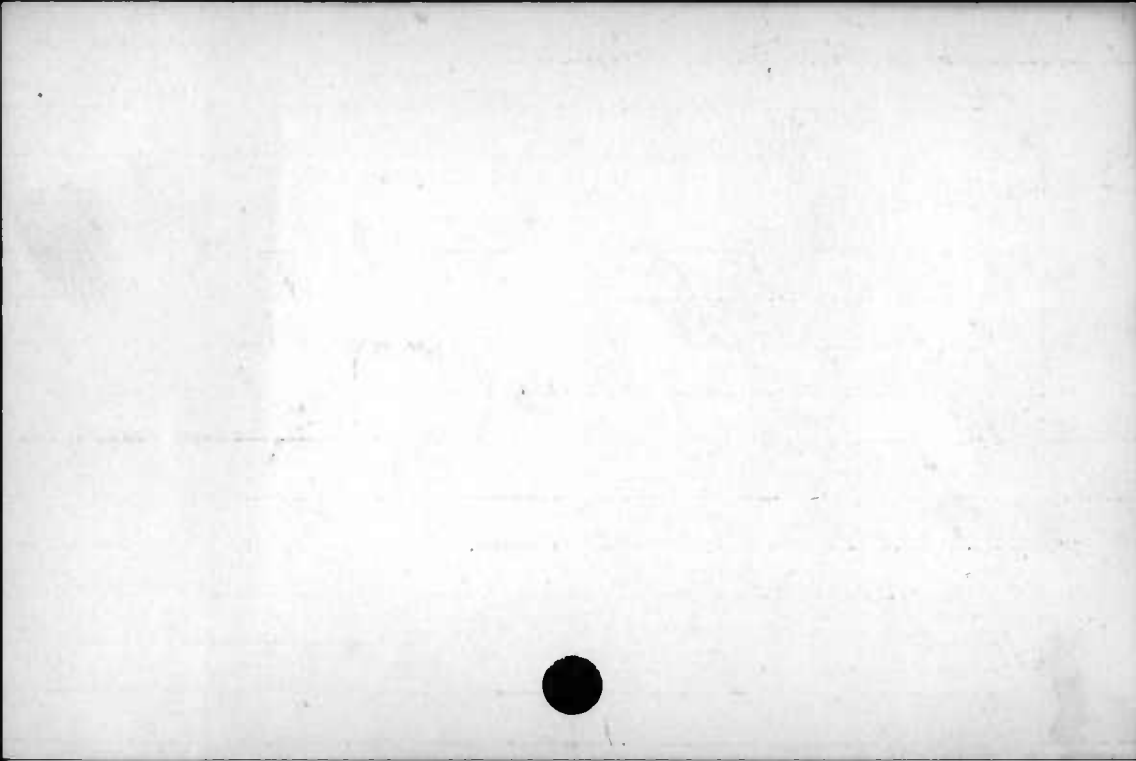
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Nov	6	55			
Sex		Color or Race		Birthplace			
Male		Colored		Baltimore			
Occupation		Where Residing if not at place of death					
Farmer		Piney Grove					
Married, Single or Widowed		Name of Wife or Husband					
Widower		Hester Painter					
Father's Name		Father's Birthplace					
Edward Painter		Baltimore					
Mother's Maiden Name		Mother's Birthplace					
Mary Johnson		Don't know					
Name of person giving information		How related to deceased					
Phyllis Thomas		Sister					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Cardiac Failure	How long	One year
Immediate	Pulmonary Embolism & Cardiac Failure	How long	Suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thurber	
		Address	
		Glyndon	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant, Peacock
Died at Cockeysville Town, Balto. County, MARYLAND
Date of death 1907 11 15 Age 15 Months 1 Days
Sex Female Color or Race White Birth-place Ind.
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed Single Name of Wife or Husband _____
Father's Name Wm Peacock Father's Birthplace Ind.
Mother's Maiden Name Anna Taylor Mother's Birthplace Ind.
Name of person giving information Elizabeth Taylor How related to deceased Grandmother

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary Atelectasis, Laryngitis Stridor From birth
Immediate Asthenia How long _____
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Walter C. Enos
Address _____
Accident or Suicide? _____

Wm. L. Booth.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Joe A. Petty* Town *Net Hope Remah* County *Baltimore*

Died at *Net Hope Remah*

Date of death *1907* Month *Nov* Day *6th* Age *29* Years Months *not known* Days *not known*

Sex *Male* Color or Race *White* Birth-place *Balto Md.*

Occupation *Stone Moulder* Where Residing if not at place of death *Balto Md.*

Married, Single or Widowed *Single* Name of Wife or Husband *[Signature]*

Father's Name *Not Known* Father's Birthplace *Not Known*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Reeds Net Hope* How related to deceased *Not at all*

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

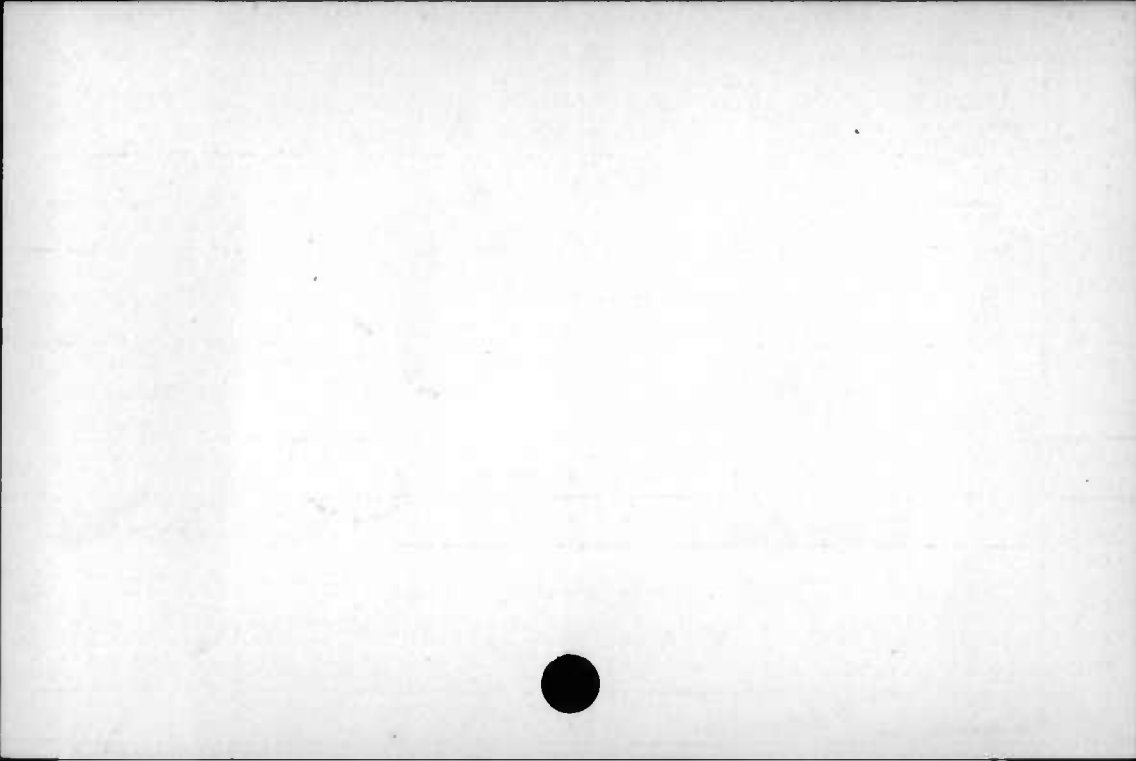
Primary *Mania Chronica* How long *over 7 years*

Immediate *Ex Chr. Eustatis* How long *abt one year*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. Flannery* Address *Net Hope Remah Baltimore Co Md.*

Accident or Suicide? *[Signature]*



Name
in
Full

John H. Pfisterer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death	190 <i>7</i> Month <i>Nov.</i>	Day <i>23rd</i>	Age <i>—</i> Years	Months <i>10</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Pfisterer</i>		Father's Birthplace <i>Balto. Md.</i>			
Mother's Maiden Name <i>Marnieck Beck</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Edward Pfisterer</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long <i>5 to 6 months</i>
Immediate	<i>Acute Gastritis, Cardiac</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. H. McClanahan M.D.</i>
Address <i>—</i>		Address <i># 618 S. Clinton St. —</i>

Holy Redeemer Cemetery
Nov 26th 1907

Germanus France
Undertaker

Name
in
Full

Ethelender F. Plowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 Nov 13</i>		Age <i>66</i>		Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Augustus Plowman</i>			
Father's Name <i>Stephen Mace</i>		Father's Birthplace			
Mother's Maiden Name <i>Cathrein Uricor</i>		Mother's Birthplace <i>France</i>			
Name of person giving Information <i>E. H. Parks.</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease.</i>	How long <i>2 years.</i>
Immediate <i>Paralysis Meninge</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. L. [Signature]</i>
	Address <i>Arlington</i>
Accident or Suicide?	

Greenmount.

Cemetery.

Nov. 15th 1907.

Liston P. Fursellbaugh
510 N. Gay St.

Name in Full		2 Ethel Ireland Redman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Scott Level		County		Baltimore	
			Town				MARYLAND	
	Date of death	1907	Month	Nov	Day	25	Age	25
					Years		Months	Days
	Sex	Female		Color or Race	Negro		Birth-place	Md
	Occupation	Housemaid		Where Residing if not at place of death				
	Married, Single or Widowed	Widowed		Name of Wife or Husband				
			Wm Redman					
	Father's Name	David Ireland				Father's Birthplace	Md	
	Mother's Maiden Name	Anna Johnson				Mother's Birthplace	Md	
	Name of person giving information	David Ireland				How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid fever + complications with pregnancy + diphtheria				How long	5 weeks	
	Immediate					How long	Exhaustion	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Morris Taylor	
					Address	Pikesville	Md	
		Accident or Suicide?						



Name
in
Full

William Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Putty hill</u> <small>Town</small>		<u>Baltimore Co</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small>	<u>Nov</u> <small>Day</small>	<u>16</u> <small>Years</small>	<u>28</u> <small>Months</small>	<u></u> <small>Days</small>	
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Putty hill</u>			
Occupation <u>former</u>	Where Residing if not at place of death <u>Putty hill</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Curry Reese</u>				
Father's Name <u>Charles Reese</u>	Father's Birthplace <u>germany</u>				
Mother's Maiden Name <u>Wynnan</u>	Mother's Birthplace <u>germany</u>				
Name of person giving information <u>Charles Reese</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

127

PHYSICIAN
OR CORONER

Primary <u>Phthisis (Pulmonary)</u>	How long <u>about 1 year</u>
Immediate <u>Failure of Vital Forces</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Luigard J. Whitford</u>
<u>Yes</u>	Address <u>Fulton, Mo.</u>
Accident or Suicide? <u></u>	

Entertainment
St Joseph Belair Rd
Geo W. Grammer
undertaken

Name
in
Full

CERTIFICATE OF DEATH

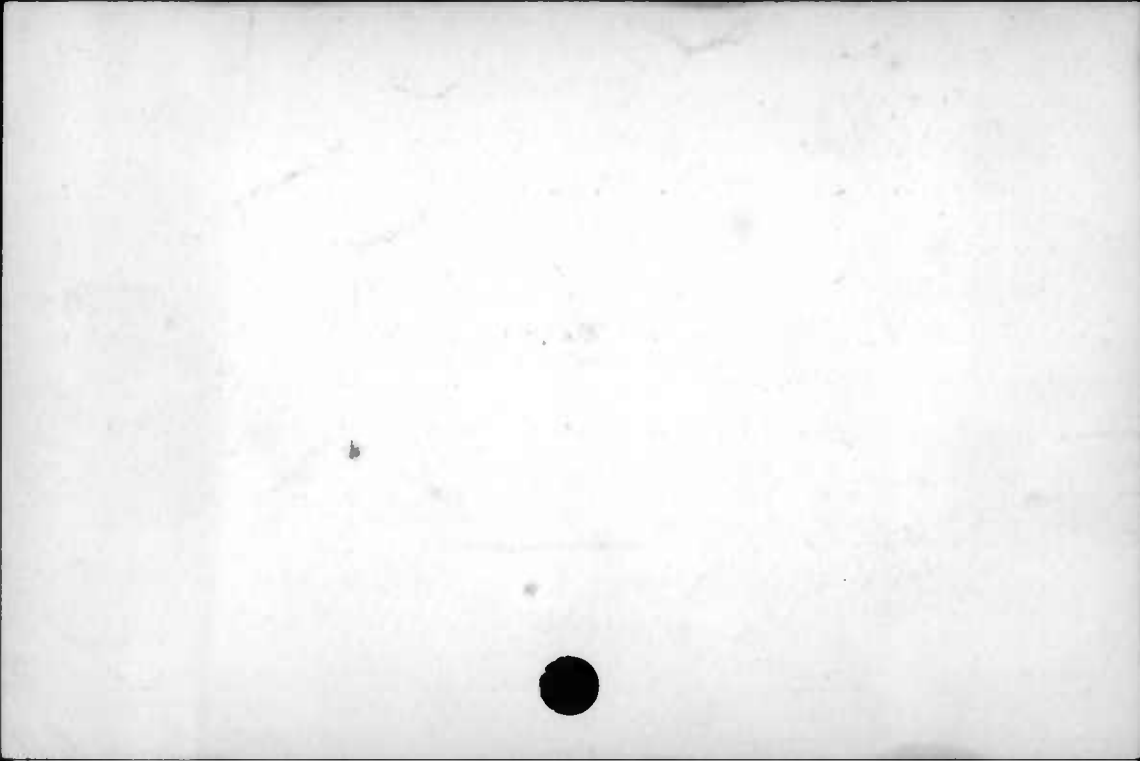
TO BE ANSWERED BY
NEAREST FRIEND

Henry Reiman
Died at Springfield Town Buick County
Date of death 1907 Month 11 Day 16 Age — Still born Years Months Days
Sex male Color or Race White Birth-place Springfield
Occupation None Where Residing if not at place of death at home
Married, Single or Widowed X Name of Wife or Husband X
Father's Name Henry Reiman Father's Birthplace Buick City
Mother's Maiden Name Ida M. Child Mother's Birthplace Buick City
Name of person giving information Henry Reiman How related to deceased father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Strangulation in Groin How long a few hours
Immediate Same How long Same
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician R. C. Massenburg
Address Dowson
Accident or Suicide? Neither



Name
in
Full

Victoria Rider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Hope Reformat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	Nov	Day	23 rd	Age	67
Sex		Female		Color or Race		White	
Occupation		None		Birth place		Md -	
Where Residing if not at place of death		Md -		Months		Not Known	
Days		Not Known		Years		Not Known	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Not Known		Father's Birthplace		Not Known	
Mother's Maiden Name		" "		Mother's Birthplace		" "	
Name of person giving information		Recds Wt Hope Reformat		How related to deceased		Not at all -	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Melancholia - Chr -</i>	How long	<i>over 7 years</i>
Immediate	<i>Cardiac Paralysis Post Pneumonia -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>Wt Hope Reformat Baltimore Co Md</i>	
Accident or Suicide?			



Name
in
Full

Margaret Anna Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Washington		County Baltimore		MARYLAND	
Date of death		Month 10	Day 7	Age	Years 5	Months 3	Days 8
Sex Female		Color or Race White		Birthplace Mt. Washington			
Occupation Unknown				Where Residing if not at place of death Unknown			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Stanley Riley				Father's Birthplace D.C. Mt. Washington			
Mother's Maiden Name Julia Anna Ryan				Mother's Birthplace Mt. Washington			
Name of person giving information Stanley Riley				How related to deceased Father			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	ten days
Immediate	Anuria	How long	four days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. Josiah S. Brown	
Address		Mt. Washington	
Accident or Suicide?		No	

Morace Burger
Undertaker
Interment at St. Mary's
Govanstown.

Name
in
Full

Daniel Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lowson</u> Town		County <u>Balto.</u>		STATE <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>8</u>	Years <u>38</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>(Col)</u>		Birth-place <u>Md.</u>		
Occupation <u>Porter</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, <u>—</u> or <u>Widowed</u>	Name of Wife or Husband <u>Laura Cornack</u>				
Father's Name <u>August Roberts</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Edith Brooks</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Diana Johnson</u>	How related to deceased <u>friend</u>				

CAUSES OF DEATH

27

PHYSICIAN -
OR CORONER

Primary <u>Pulmonary Phthisis</u>	How long <u>46 years</u>
Immediate <u>Cardiac Asthma</u>	How long <u>24 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Ray Sturges</u>
<u>I got duration of disease from history of case, I never saw the man but only</u> <u>accident or suicide</u> <u>J. G. J.</u>	Address <u>Colum Md.</u>

Felix B. Pye

Undertaker

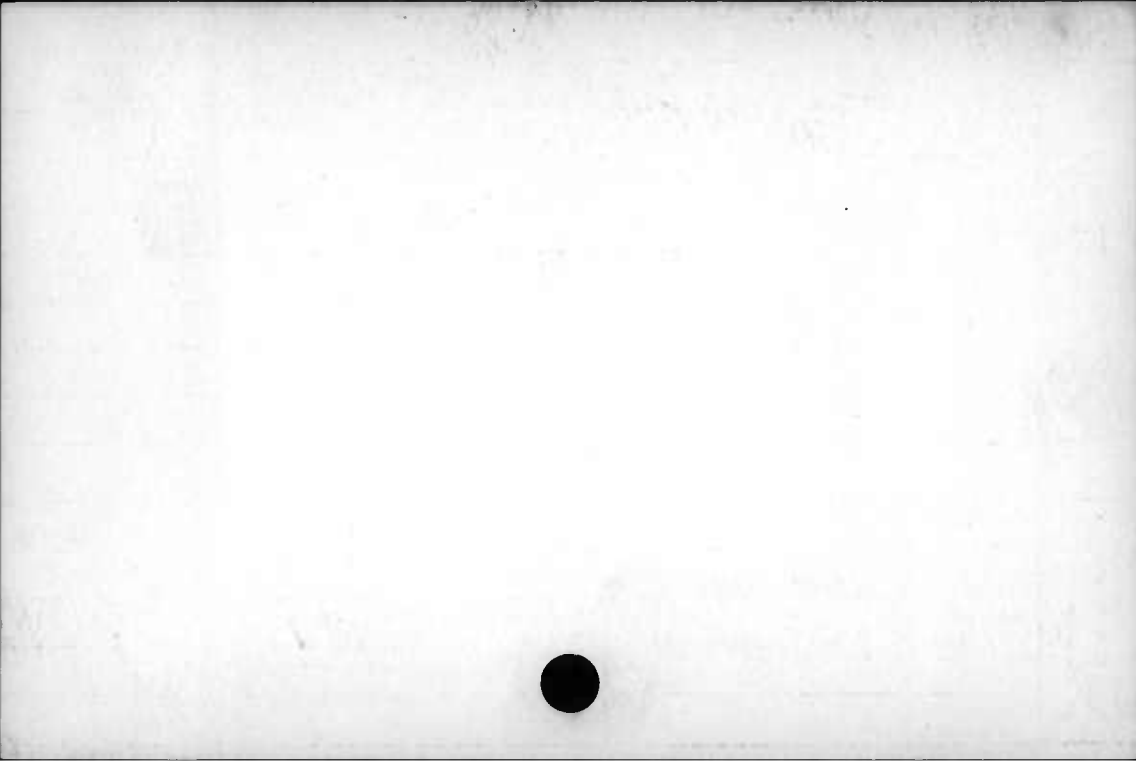
St Peter's Cemetery

Baltimore Co.

Body to be removed to

1102 E. Mulberry St City

Name in Full		Edwin A. Robertson 3/2				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Kingersville		County	
		Date of death 190		7 Nov		Day	
		Month		24		Age	
		Sex		male		Color or Race	
		Married, Single or Widowed		Single		Occupation	
		Name of Wife or Husband		Genette Robertson		Father's Birthplace	
		Father's Name		Grafton Robertson		Mother's Birthplace	
		Mother's Maiden Name		Rachel Robertson		How related to deceased	
Name of person giving information		Mrs. Thos. Blair		Daughter			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Paralysis		How long	
		Immediate		"		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Accident or Suicide?		neither		Address	
						Dr. J. S. Green	
				Bittings		Md.	



Name
in
Full

Berth Rosier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

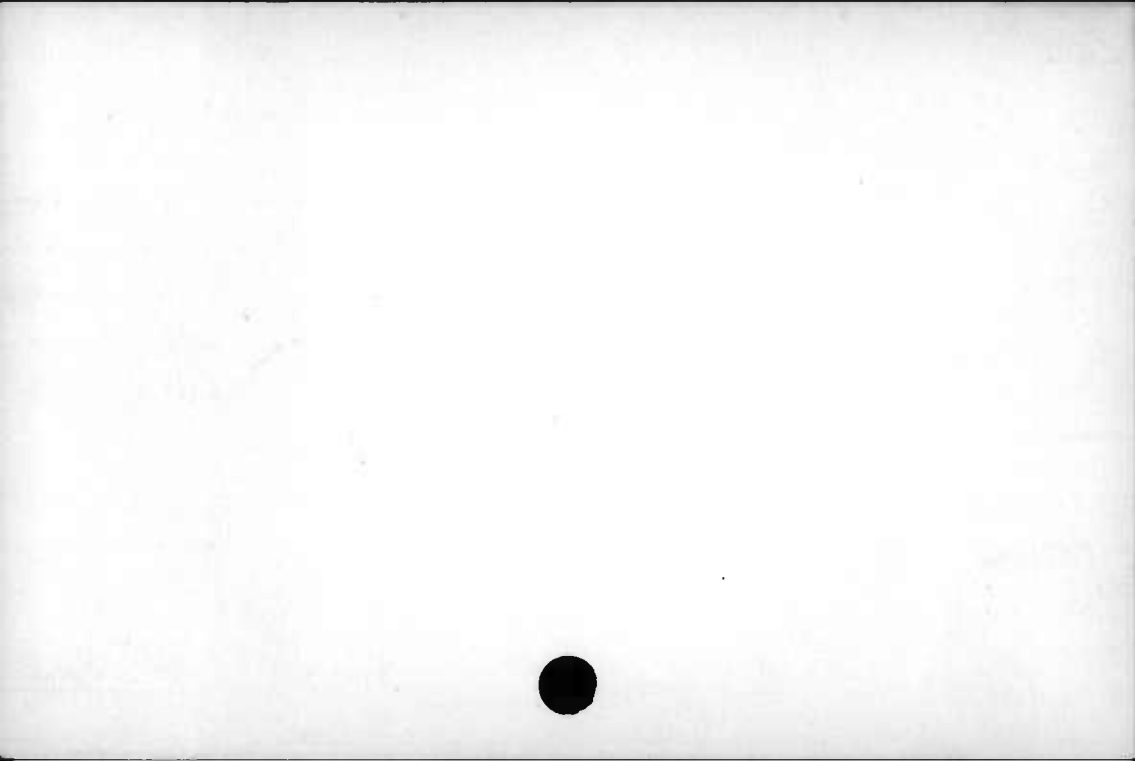
Died at <i>Near Bentleys</i>		County <i>Balk</i>		MARYLAND	
Date of death	1907	Month	11	Day	12
Age	7	Years	7	Months	4
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John A. Rosier			Father's Birthplace	Ind
Mother's Maiden Name	Fannie Thorough			Mother's Birthplace	Ind
Name of person giving information	Fannie Rosier			How related to deceased	Mother

CAUSES OF DEATH

(110)

PHYSICIAN
OR CORONER

Primary	Influenza	How long	1 week
Immediate	Membranous Laryngitis	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. B. Morris
		Address	Parkton Ind
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halcthorpe</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>0</i> Years	Month <i>10</i> Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Halcthorpe</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jacob Ross</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>M. Cecelia Thomas</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Jacob Ross</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary <i>Broncho pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
<i>[Signature]</i>	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <i>2</i>	

John H. Treadwin

Elkridge Cemetery
Howard Co

Name in Full		Caroline Schafes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Hamilton</i>		County <i>Baltimore</i>		STATE <i>MARYLAND</i>
	Date of death		Month <i>Nov</i>	Day <i>4</i>	Age	Years <i>82</i>	Months <i>Unknown</i> Days <i>Unknown</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		
	Occupation <i>None</i>		Where Residing if not at place of death <i>At place of death</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>				
	Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>				
	Name of person giving information <i>G. A. Long</i>		How related to deceased <i>No relatives</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Senile Debility</i>			How long <i>1 yr.</i>	
	Immediate		<i>Senile Debility</i>			How long <i>1 yr.</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>Geary A. Long M.D.</i>		
					Address <i>Hamilton, Md</i>		
	Accident or Suicide?		<i>No</i>				

St. Johns. Cemetery.
Parsippany.
Edwin Cook
son of Nathan

Name
in
Full

CERTIFICATE OF DEATH

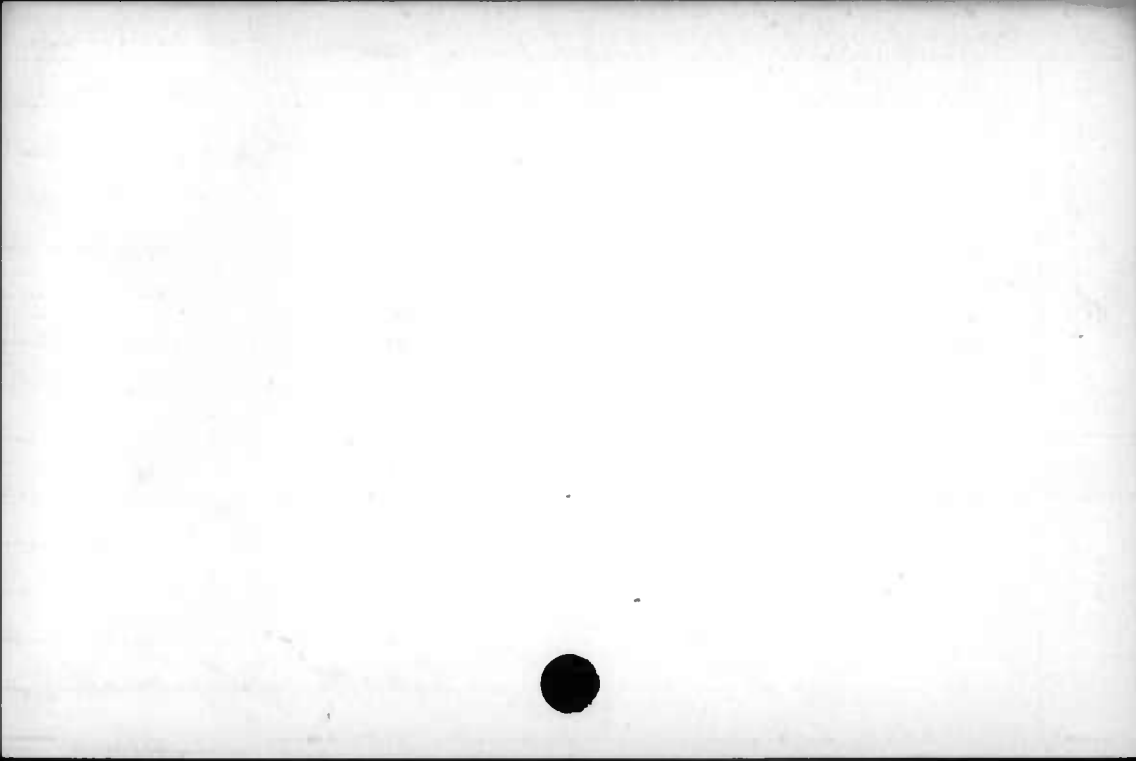
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplar</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>Nov</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>62</i> <small>Years</small>	<i>0</i> <small>Months</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Ind</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Louisa Scheuchel</i>		
Father's Name	<i>Wm Kuecon</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Wm Kuecon</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>William Scheuchel</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Haemorrhage</i>	How long	<i>3 hours</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John W. Hammond</i>
		Address	<i>Middle River</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

August Schleibbaum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Baltimore		MARYLAND	
Date of death		1907	Month Nov	Day 20	Age 58	Years 3	Months 29
Sex Male		Color or Race White		Birth-place Germany			
Occupation Cabinet maker		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife Louise Schleibbaum					
Father's Name Not Known		Father's Birthplace Germany					
Mother's Maiden Name Not Known		Mother's Birthplace Germany					
Name of person giving information Louise Schleibbaum		How related to deceased Wife					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	5 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Accident or Suicide?		No	
Signature of Physician		A. J. Harner	
Address		1120 Highland	

1st Evangelical Sem
H. Sander & Sons

Name
in
Full

Marie Schmedes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

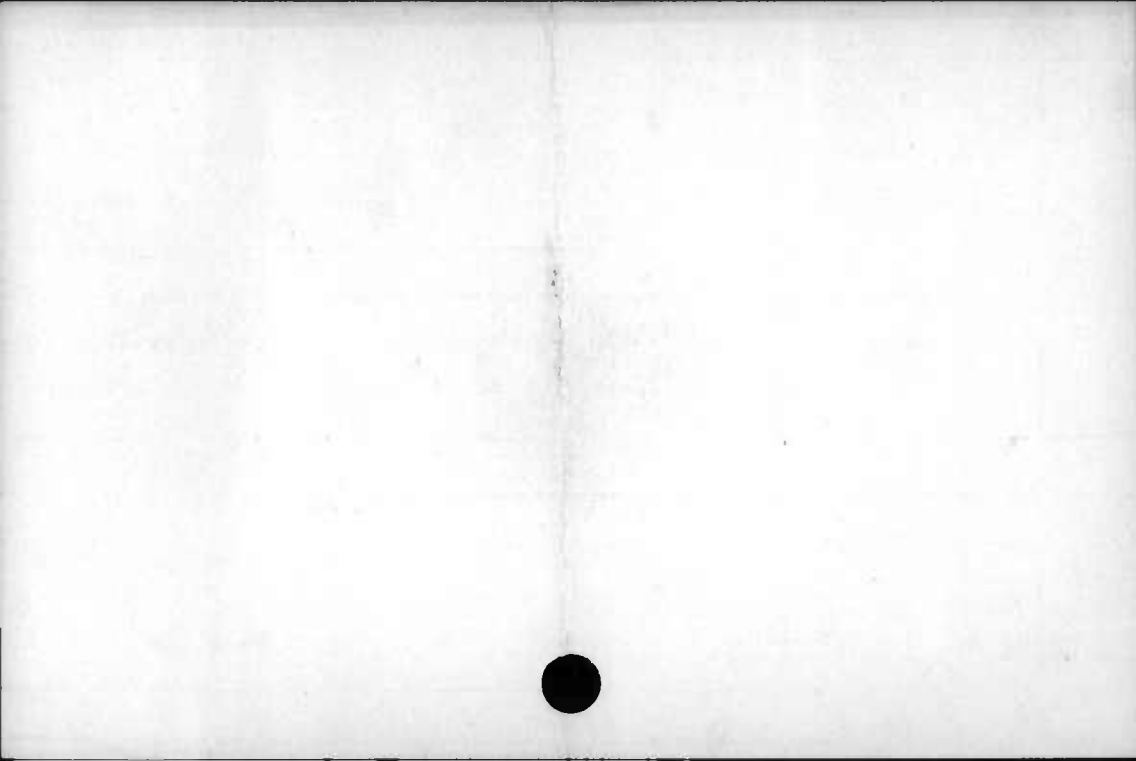
Died at <u>71 Howard</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Nov.</u> ^{Month}	<u>4th</u> ^{Day}	Age <u>5</u> ^{Years}	<u>—</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Balto Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>71 Howard</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry Schmedes</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Kate Gottleben</u>	Mother's Birthplace <u>Balto Md</u>				
Name of person giving information <u>Mrs. Joseph Zeller</u>			How related to deceased <u>sister</u>		

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	<u>Scarlet Fever, Malignant</u>	How long <u>3 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>C. F. Mow</u>
		Address <u>Capt #5 USH</u>
		<u>71 Howard Md</u>
Accident or Suicide?	<u>No</u>	



Name
in
Full

Charles. Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death	<i>1907</i>	^{Month} <i>Nov</i>	^{Day} <i>21</i>	^{Years} <i>73.</i>	^{Months} <i>11</i> ^{Days} <i>20</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Baker</i>	Where Residing if not at place of death <i>323. Gennell street</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Catherine Ganster</i>			
Father's Name	<i>Sgt. Know</i>			Father's Birthplace	<i>Sgt. Know</i>
Mother's Maiden Name	<i>Anna Schuer.</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Harry Schmidt</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

157

BY
OR CORONER

Primary	<i>Suicid by Hanging</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>D. David A. Thompson</i>	
Address		<i>1500 Highland Ave</i>	
Accident or Suicide?		<i>Suicide</i>	
		<i>Baltimore County Md</i>	

David Hart Crouley
Germanus France

1 1/2 2/07

Name
in
Full

John Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hightstown		County Baltimore		MARYLAND				
Date of death		190	Month Nov.	Day 14	Age	43	Years 7	Months 13	Days	
Sex		Male		Color or Race		White		Birth- place		Germany
Occupation				Soloon Keeper		Where Residing if not at place of death				_____
Married, Single or Widowed		Married		Name of Wife or Husband		Margaret-Moockel Schmidt				
Father's Name		Pankratz Schmidt				Father's Birthplace		Germany		
Mother's Maiden Name		Kunigunda Lang				Mother's Birthplace		Germany		
Name of person giving In formation		Margaret-Schmidt				How related to deceased		Wife		

CAUSES OF DEATH

(11)

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	9 Weeks
Immediate	Endocarditis	How long	few days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. F. A. Glantz	
Address		41 East Main St.	
Accident or Suicide?			

Sacred Heart Cemetery

Nov. 18th 1907

Germanus Thane

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i>		Town		<i>Balt</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>November</i>		Day <i>15</i>		Age <i>—</i>		Months <i>3</i> and Days <i>15</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Lansdowne, Md</i>					
Occupation <i>Infant</i>				Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>					
Father's Name <i>George John Seifert</i>				Father's Birthplace <i>Balt. Md</i>					
Mother's Maiden Name <i>Rosie Helen Heikeman</i>				Mother's Birthplace <i>Balt. Md</i>					
Name of person giving information <i>Rosie Helen Seifert</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Insanitation</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne, Balt. Co., Md.</i>
Accident or Suicide? <i>✓</i>	

Wm. H. Hall
1888

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

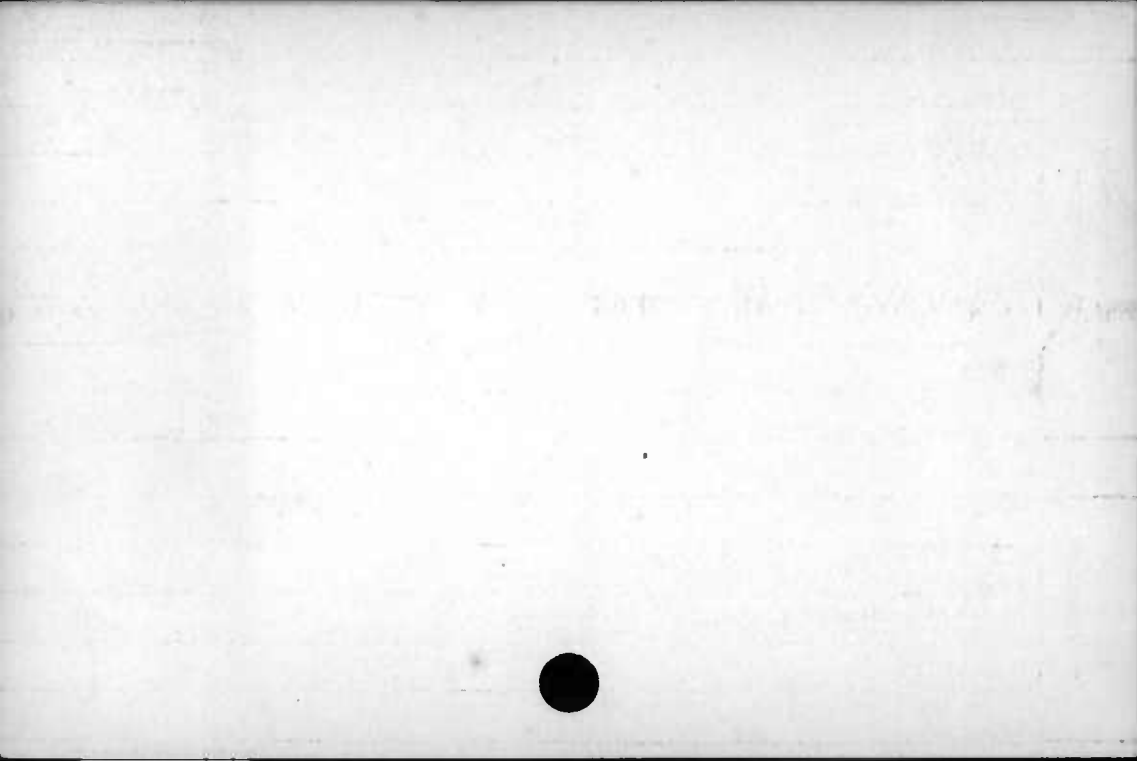
Died at <i>Reisterstown</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1907	Month	November	Day	12
Age	70	Years		Months	1
Sex	Male	Color or Race	White	Birth-place	Freedom, Carroll Co. Md
Occupation	Retired		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Johnnie Selby		Father's Birthplace		
Mother's Maiden Name	Suzanna Dotsey		Mother's Birthplace		
Name of person giving information	Edwin W. Selby		How related to deceased		
			Brother		

CAUSES OF DEATH

160

PHYSICIAN
OR CORONER

Primary	<i>Swering of Jugular veins by gas</i>	How long	
Immediate	<i>asphyxiation</i>	How long	<i>10 minutes.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Franklin E. Selby</i>	
		Address	
		<i>Reisterstown Md.</i>	
<i>Inquest unnecessary.</i>		<i>Johnnie Selby, active Coroner</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

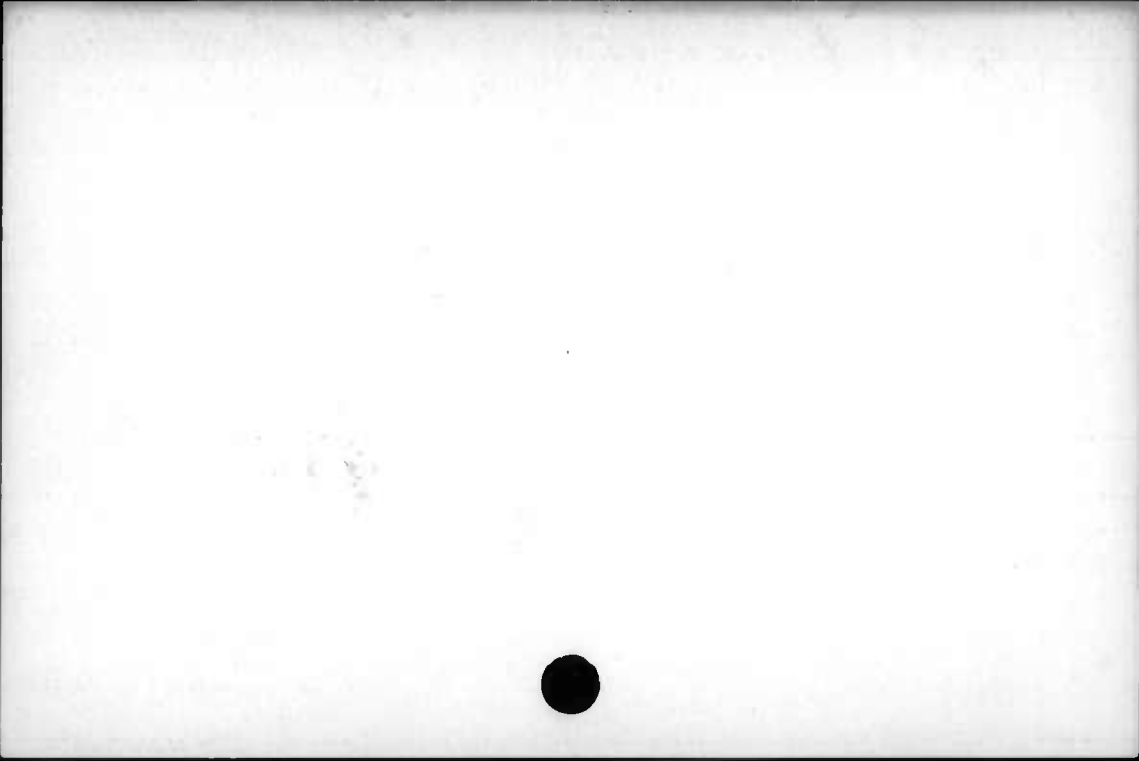
Name in Full <i>George Simpson</i>		Town <i>St. Agnes' Hospital</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes' Hospital</i>		Month <i>Nov.</i>		Day <i>1st</i>		Age <i>13</i>	
Date of death <i>1907</i>		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Colorado</i>	
Occupation <i>School boy</i>		Where Residing if not at place of death <i>St. Mary's Industrial School</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Brother Paul</i>		How related to deceased <i>Instructor</i>					

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>11 days</i>
Immediate	<i>Post-diphtheritic</i>	How long	<i>Cardiac failure less than 1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. P. Vandrock</i>	
<i>Yes</i>		Address <i>St. Agnes' Hospital</i>	
Accident or Suicide?			



Name
in
Full

Annie M. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Nov</i>	Day <i>25</i>	Age <i>46</i>	Years <i>10</i>	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore, Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>St Denis, Md</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Louis Smith</i>						
Father's Name <i>John D. Stewart</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Malinda Horn</i>	Mother's Birthplace <i>Pennsylvania</i>						
Name of person giving information <i>Anna May Smith</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>14 mos.</i>
Immediate <i>Hemorrhage - Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Eek Ridge, Md</i>
Accident or Suicide?	

Wm J. Nickerson & Son
Jordan Park.

Name
in
Full

Frederick A. Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	1907	Month	11	Day	4
Age	35		Years	Months	Days
Sex	Male		Color or Race	White	
Occupation	Can Shop		Birth-place	Balto.	
Where Residing if not at place of death			408. Lintard St.		
Married, Single or Widowed	Married	Name of Wife or Husband	Bessie Smith		
Father's Name	John C. Smith		Father's Birthplace	England	
Mother's Maiden Name	Catherine A. Harding		Mother's Birthplace	Phila Pa	
Name of person giving information	Bessie Smith		How related to deceased	Wife	

CAUSES OF DEATH

1120

PHYSICIAN
OR CORONER

Primary	Acute uraemia.	How long	18 hours
Immediate	Coma & Exhaustion	How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. L. L. Gmax MD	
Address		3 and 500th	
Accident or Suicide?		No	
		Highlandtown, Md	

Mt Olive Cm.

Geo. B. Cook

Name
in
Full

John J. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>11</i> <small>Month</small>	<i>24</i> <small>Day</small>	<i>82</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Ireland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Towson</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Bedelia Smith</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>John R. Smith</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis, heart disease.</i>	How long <i>354 years.</i>
Immediate <i>Exhaustion of Physical Forces.</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Massenburg</i>
<i>Yes</i>	Address <i>Towson</i>
Accident or Suicide? <i>Natural</i>	

John Burges' Sons,

Interment,

Maud Maria

Town

Name in Full **Thomas A. Smith**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

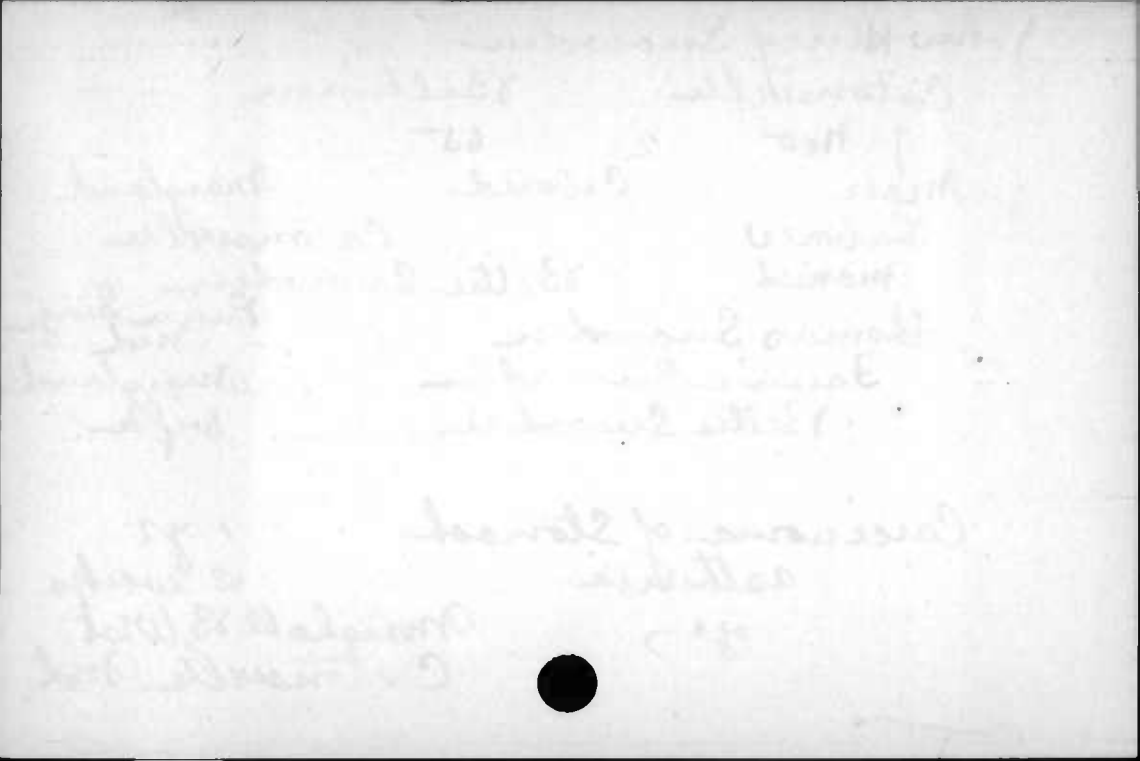
Died at Mt Hope Retmah ^{Town}		Baltimore ^{County}	
Date of death 1907	Nov - ^{Month}	27th ^{Day}	27 ^{Years}
Sex Male		Color or Race White	Birth place Dillsberry Pa
Occupation Trimmer		Where Residing if not at place of death Cottlesburg Pa -	
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name Not Known	Father's Birthplace Not Known		
Mother's Maiden Name " "	Mother's Birthplace " "		
Name of person giving information Reed, Mt Hope Retmah	How related to deceased Not at all -		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary Melancholia Acute -	How long 2 mos
Immediate Ex - Gastro Duodenal Toxaemia	How long 5 or 6 wks -
Are the name, age, sex, color, date and place correctly given above? Yes -	Signature of Physician Frank J. Filanvery
	Address Mt Hope Retmah
	Baltimore Co - Md -
Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Henry Snowden		Town Catonsville		County Baltimore		State MARYLAND	
Died at Catonsville		Month Nov		Day 2		Age 65	
Date of death 1907		Sex Male		Color or Race Colored		Birth-place Maryland	
Occupation Laborer		Where Residing if not at place of death Catonsville					
Married, Single or Widowed Married		Name of Wife or Husband Bettie Snowden					
Father's Name Thomas Snowden		Father's Birthplace Prince George's Md					
Mother's Maiden Name Fannie Snowden		Mother's Birthplace Maryland					
Name of person giving information Bettie Snowden		How related to deceased wife					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Carcinoma of Stomach		How long 1 yr	
Immediate asthenia		How long 3 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Marshall B. West	
Address Catonsville Md		Accident or Suicide? No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shawtown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	<i>No</i> ^{Month}	<i>15</i> ^{Day}	<i>66</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>N. Carolina</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Barbara E. Spencer</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Eugene Simmons</i>	How related to deceased <i>step. son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart Disease (valvular)</i>	How long <i>10 years</i>
Immediate <i>Dropsy - Congestive lungs</i>	How long <i>only month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. B. R. Densen</i>
<i></i>	Address <i>Cockeysville Md</i>
Accident or Suicide? <i></i>	

Interments at Grace
Cemetery Sunday 17th

W. C. Brooks

Name
in
Full

Rachel A Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hazelwood Heights</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Nov</i> ^{Month}	<i>5</i> ^{Day}	Age <i>56</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore Md</i>			
Occupation <i>School Teacher</i>	Where Residing if not at place of death <i>Hazelwood Heights Balt Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Spencer</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Roseann Butler</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mary E Hooper</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>Said to be since Oct. 31st i.e. 6 days.</i>
Immediate <i>Cardiac Asthenia Failure</i>	How long <i>8 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Wilkinson M.D.</i>
<i>Neither.</i>	Address <i>Racineburg, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
In formation

Town

County

MARYLAND

Month

Day

Years

Months

Days

Age

Color or
RaceBirth-
placeWhere Residing if not
at place of deathName of Wife or
HusbandFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or suicide?

PHYSICIAN
OR CORONER

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER
2334 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Buried at

Shrewsbury

Pennsylvania

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *James P. Starr*

Town

Int. Washington

County

Baltimore

Date

1907 November 18

Month

Day

Age

Years

33

Months

11

Days

Sex

*Male*Color or
Race*White*Birth-
place*Int. Washington, Md*

Occupation

*Fireman*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Ellen B. Bunnann*Father's
Name*Patrick Starr*Father's
Birthplace*Ireland*Mother's
Maiden Name*Margaret Rice*Mother's
Birthplace*Ireland*Name of person giving
Information*Mrs. Patrick Starr*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Pulmonary Oedema

How long

*24 hrs.*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr. Josiah S. Brown*

Address

*Int. Washington
Balto. Co. Md.*

Accident or Suicide?

St. Mary's Cemetery
Grooms

MARTIN FAHEY & SONS

Funeral Directors & Embalmers

606 & 608 W. Lafayette Ave.

TELEPHONE 1993.

Name
in
Full

Christopher Columbia Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catoxville</i>		Town <i>78</i>		County <i>Watts</i>		MARYLAND	
Date of death	1904	Month	Dec.	Day	24	Age	64
Sex	Male	Color or Race	Brown	Birth-place	Dorchester Co. Md.		
Occupation	Laborer			Where Residing if not at place of death		Catoxville	
Married, Single or Widowed	Married			Name of Wife or Husband		Sarah Steward	
Father's Name	Wm. Steward			Father's Birthplace		Md.	
Mother's Maiden Name	Sarah Steward			Mother's Birthplace		Dorchester Co. Md.	
Name of person giving information	Mary Ann Steward			How related to deceased		Daughter	

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary	<i>Dropsy</i>	How long	<i>2 yrs.</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. C. Gerry M.D.</i>
		Address	<i>S. M. Brown Ave Catoxville Md.</i>
Accident or Suicide?	<i>No</i>		

Alex. H. H. H.
578 W. Biddle St.
Brooklyn
Being good fellows
— concerning

Name
in
Full

Thomas J. Stiffler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McCamel</i>		Town <i>Baetimore</i>		County		MARYLAND	
Date of death 1907	Month <i>Nov</i>	Day <i>13</i>	Age	Years <i>65</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baetimore</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>laborer</i>					
Name of Wife or Husband <i>Jane Stiffler</i>							
Father's Name <i>Dont know</i>				Father's Birthplace <i>Dont know</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>John T. Thompson</i>				How related to deceased <i>acquaintance</i>			

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary	<i>Alcoholism</i>	How long	<i>30 years</i>
Immediate	<i>Valvular Disease of Heart</i>	How long	<i>6 or 8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. R. Mitchell</i>	
		Address <i>Wionktau, Md.</i>	
Accident or Suicide?			



Name
in Full

Archibald Wilson John Thomas Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sparrows Point* *Baltimore* *MARYLAND*

Date of death 1907 *Nov.* *19* Age *—* Years *—* Months *2* Days *—*

Sex *Male* Color or Race *white* Birth-place *Sparrows Point*

~~Married, Single~~
~~or Widowed~~ Occupation *—*

Name of Wife or Husband *—*

Father's Name *Wilson Stokes* Father's Birthplace *Pa*

Mother's Maiden Name *Tibithia Evans* Mother's Birthplace *Pa*

Name of person giving information *Mrs Wilson Stokes* How related to deceased *mother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular disease of heart* How long *since birth*

Immediate *Convulsion.* How long *1 hour.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. E. McCormick MD*

Address *Sparrows Point.*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

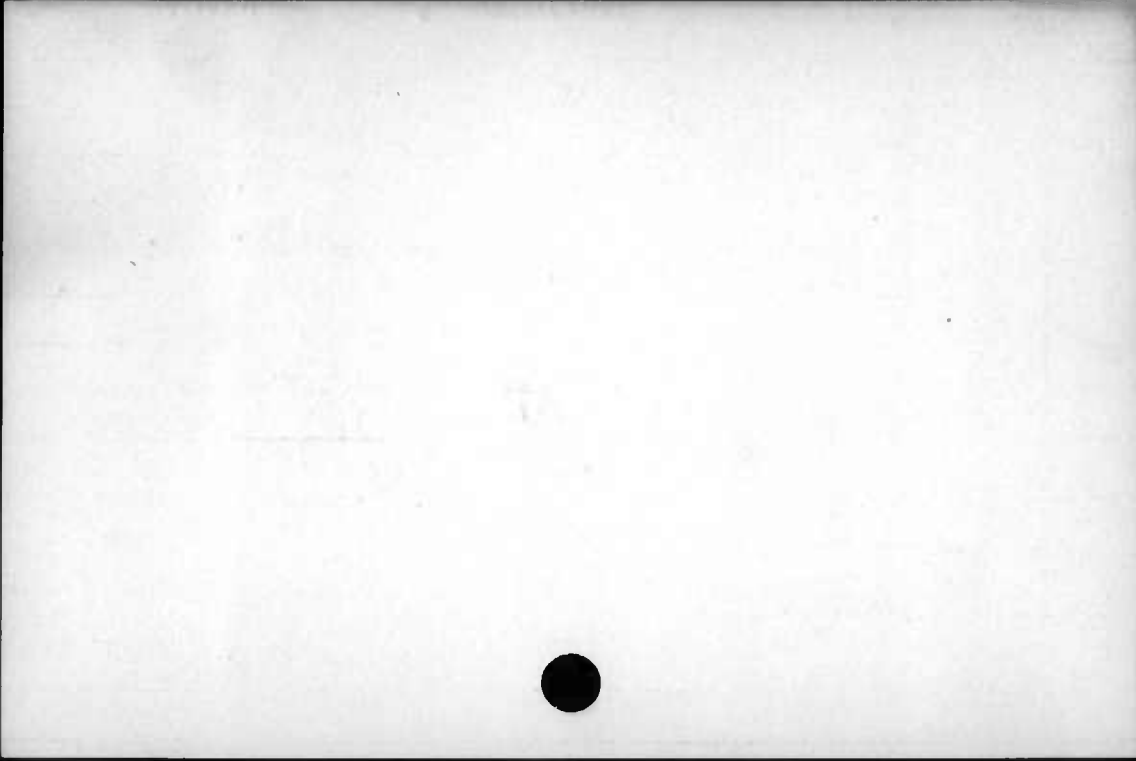
Died at <i>Mt Hope Remm</i>		Town <i>Baltimore</i>		County	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>25</i>	Years <i>87</i>	Months <i>not known</i>	Days <i>not known</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Germany</i>		
Occupation <i>Retired Baker</i>	Where Residing if not at place of death <i>Baltimore Md -</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>NOT Known</i>	Father's Birthplace <i>NOT Known</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace				
Name of person giving information <i>Reed Mt Hope Retired</i>	How related to deceased <i>NOT at all</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Dementia Post Mania Chr -</i>	How long <i>over 14 years</i>
Immediate <i>Ex Hypostatic Pneumonia</i>	How long <i>abt 2 wks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Mt Hope Remm - Mt Hope Md -</i>
Accident or Suicide?	



Name
in
Full

Mrs. Mary Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Balto.* ^{County} *Cecil* *house*

MARYLAND

Date of death 1907 11 10 Age 72 Months Days

Sex *Female* Color or Race *White* Birth-place *Unknown*Occupation *Unknown* Where Residing if not at place of death *as above*Married, Single or Widowed *married* Name of Wife or Husband *Unknown*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *Dr. Bussey*How related to deceased *None*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

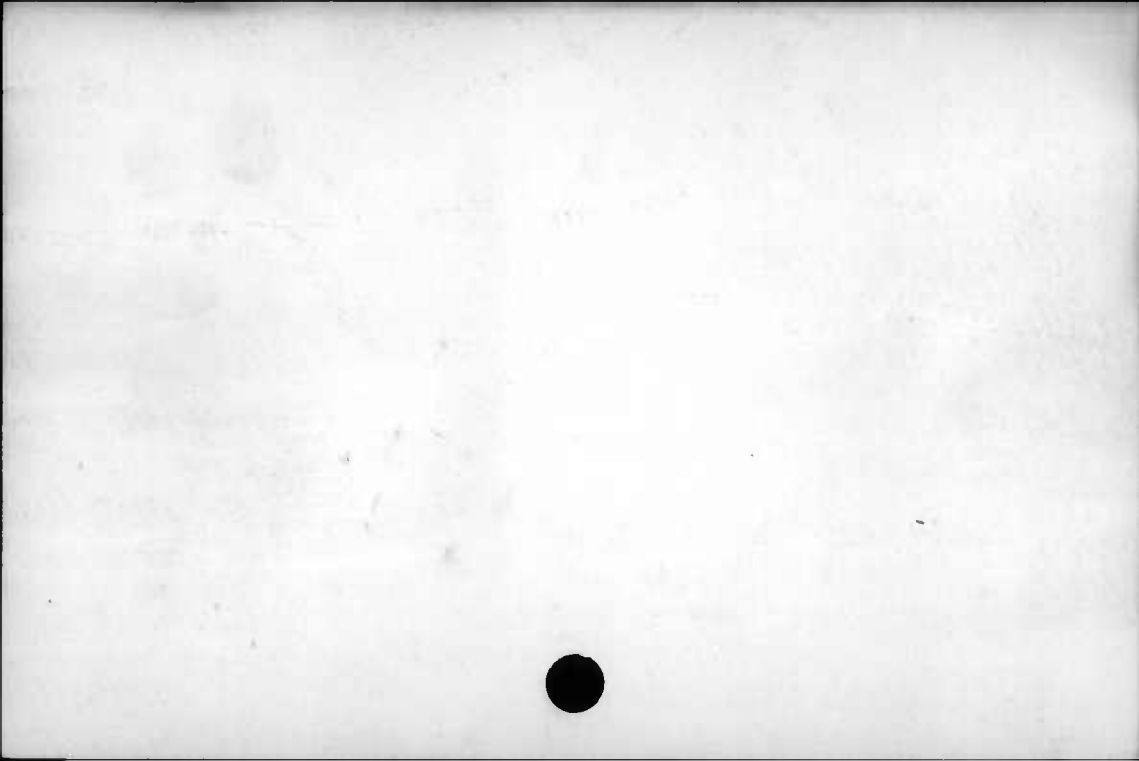
Signature of Physician

Address

Dr. T. B. Bussey
Texas
Md.

Accident or Suicide?

No



Name
in
Full

Catharine Valke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland Home</i>		Town <i>Highland Home</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>18</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Highland Home</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Arthur Valke</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Catharine Reiman</i>				Mother's Birthplace <i>Balto Md</i>			
Name of person giving In formation <i>Arthur Valke</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion -</i>	How long <i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Jas L. Guay</i>
	Address <i>3 And. Gough</i>
Accident or Suicide? <i>No</i>	<i>Highland Home Md</i>

J. C. Schuch
Bathurst Cemetery.

Name
in
Full

Arnold Wakeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St. Agnes' Hospital - Baltimore*

Town

County

MARYLAND

Date of death 1907 November

Month

Day

Age

Years

Months

Days

32

50 (5)

Sex *male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Unknown*Where Residing if not
at place of deathMarried, Single
or Widowed*"*Name of Wife or
HusbandFather's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*"*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

79

Primary

*Aortic Insufficiency,
Cirrhosis of Liver*

How long

Immediate

Broken Compensation

How long

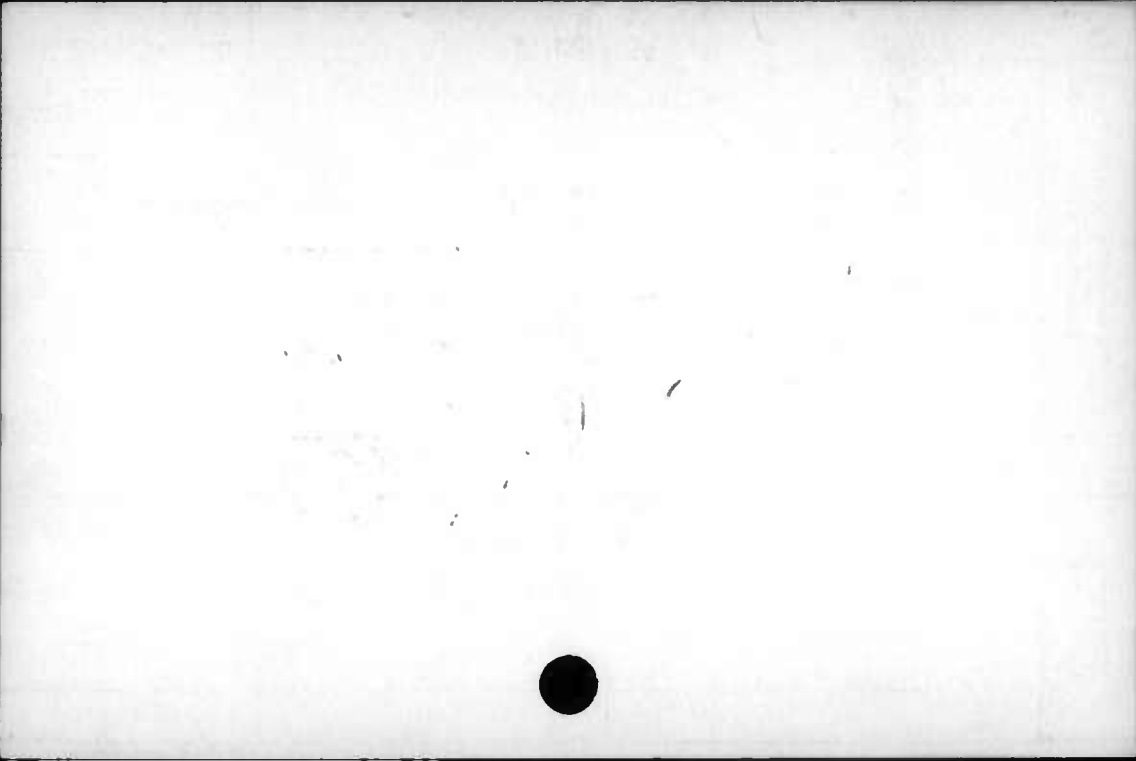
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

E. P. Landrock

Accident or Suicide?

*St. Agnes' Hospital*PHYSICIAN
OR CORONER



Name

In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Theresa Hald sack</i>		Town <i>Jork Road</i>		County <i>Baltimore Co Md.</i>		MARYLAND	
Date of death <i>1907 Nov.</i>		Month <i>7</i>		Day <i>15</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Jork Road</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Hald sack.</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Sister</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>7 months</i>
Immediate <i>Cavity in Lung</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D. A. Evans</i>
	Address <i>107 N Carey St. Baltimore</i>
Accident or Suicide?	

H. C. Midefeld

914 Greenwood
2303 Shrub Hill Ave
Mount Maria
Towson

Name in Full		John Weis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	44 Clinton St		Baltimore		MARYLAND	
	Date of death	1907	Nov	23	Age	76	Months 4 Days 23
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Carpenter		Where Residing if not at place of death		4 S Clinton St	
	Married, Single or Widowed	Widowed		Name of Wife or Husband		Not known	
	Father's Name	not known		Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
	Name of person giving information	George Weis		How related to deceased		Son of deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cerebral Hemiplegia				How long	5 days
	Immediate	Coma				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					116 S A Pennsylvania Baltimore Md		
Accident or Suicide?							

J. L. Ritz Jr.
M. Carmel Caw.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha Ann Williams

Town

County

Died at

Crownsville

Balto.

MARYLAND

Date

of death 1907

Month

Nov.

Day

28

Age

Years

71

Months

1

Days

11

Sex

Female

Color or
Race

Caucasian

Birth-
place

Washington

Occupation

None

Where Residing If not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Alexander Williams

Father's
Name

Morris Johnson

Father's
Birthplace

Don't know

Mother's
Maiden Name

Not known

Mother's
Birthplace

" "

Name of person giving
information

Joseph Williams

How related
to deceased

Son

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary

Carcinoma left breast.

How long

Seven years

Immediate

Secondary anemia - hypochromic

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

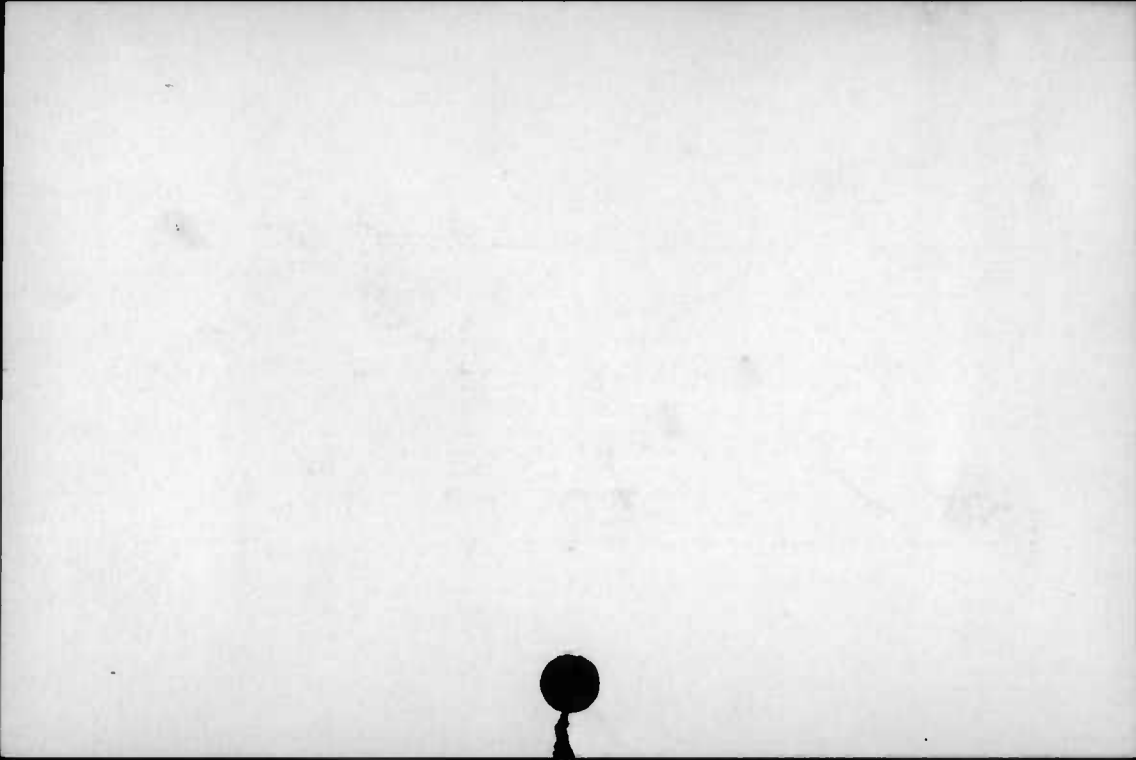
Signature of
Physician

Address

Frederic V. Briles MD

Stalderhorpe - Md.

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cigna Maria Witford

Died at ^{Town} Turner Station^{County} Baltimore

MARYLAND

Date of death 1907 Nov

Day 11th

Age 1 Years

Months 9

Days 24

Sex Female

Color or Race White

Birth-place Baltimore City

Occupation None

Where Residing if not at place of death Resides at Placyder

Married, Single or Widowed

Name of Wife or Husband

Father's Name Walter T Witford

Father's Birthplace Balto Co Md

Mother's Maiden Name Mary C Miller

Mother's Birthplace Balto Co Md

Name of person giving information Walter T Witford

How related to deceased Farther

CAUSES OF DEATH

4

Primary Malaria Fever.

How long 1 w

Immediate

How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician David A. Thompson

Address 1500 Highland Ave

Baltimore County Md

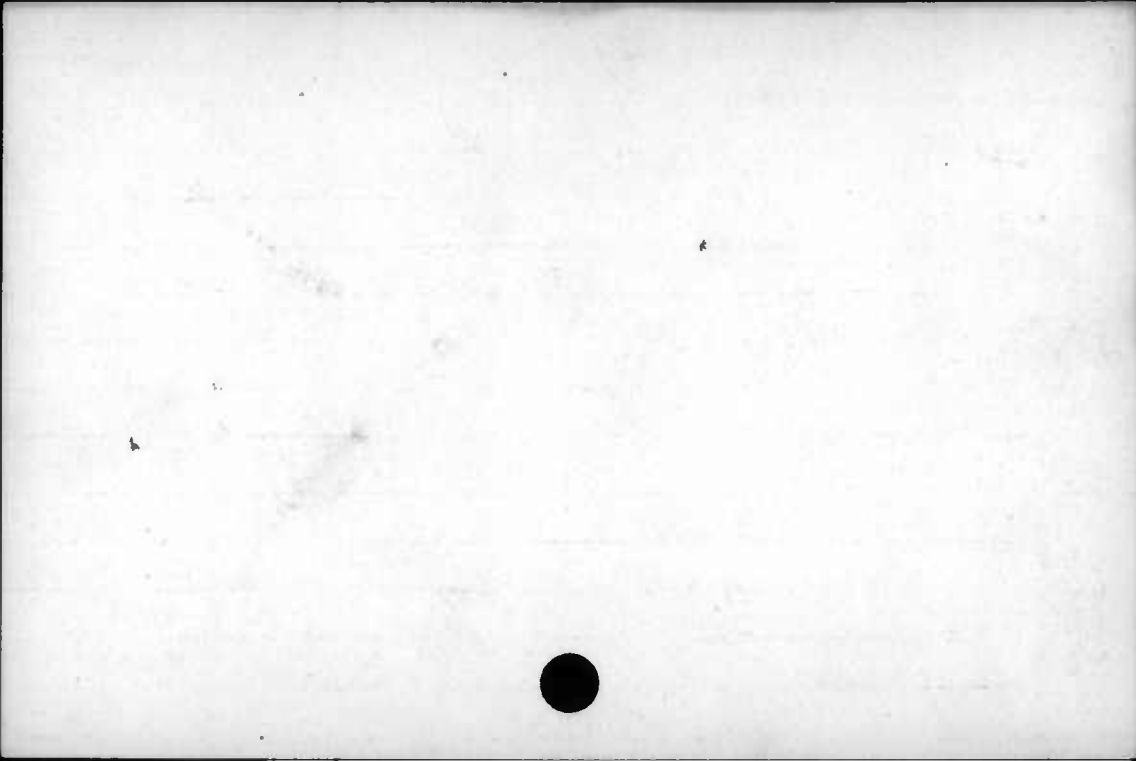
Accident or Suicide?

PHYSICIAN
OR CORONER

Trinity beam
Herwig & son

11/14/07

Name in Full		George Joseph Woods				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cuttawhatche		County		BALTO	
	Date of death		Nov 16 th 1907		Age		45	
	Sex		Male		Color or Race		White	
	Occupation		Laborer		Birth-place		Washington	
	Where Residing if not at place of death							
	Married, Single or Widowed		Widower		Name of Wife or Husband			
	Name of person giving information		Miss Annie Woods		How related or deceased			
Father's Name		Don't know		Father's Birthplace		Don't know		
Mother's Maiden Name		Don't know		Mother's Birthplace		Don't know		
CAUSES OF DEATH		93						
PHYSICIAN OR CORONER	Primary		Pleurro-pericarditis + Lobar Pneumonia		How long		5-days	
	Immediate		Cardiac Failure		How long		12 hours.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
	Address		Raspeburg, Mo.					
	Accident or Suicide?		Neither					



Name
in
Full

Henry Clay Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

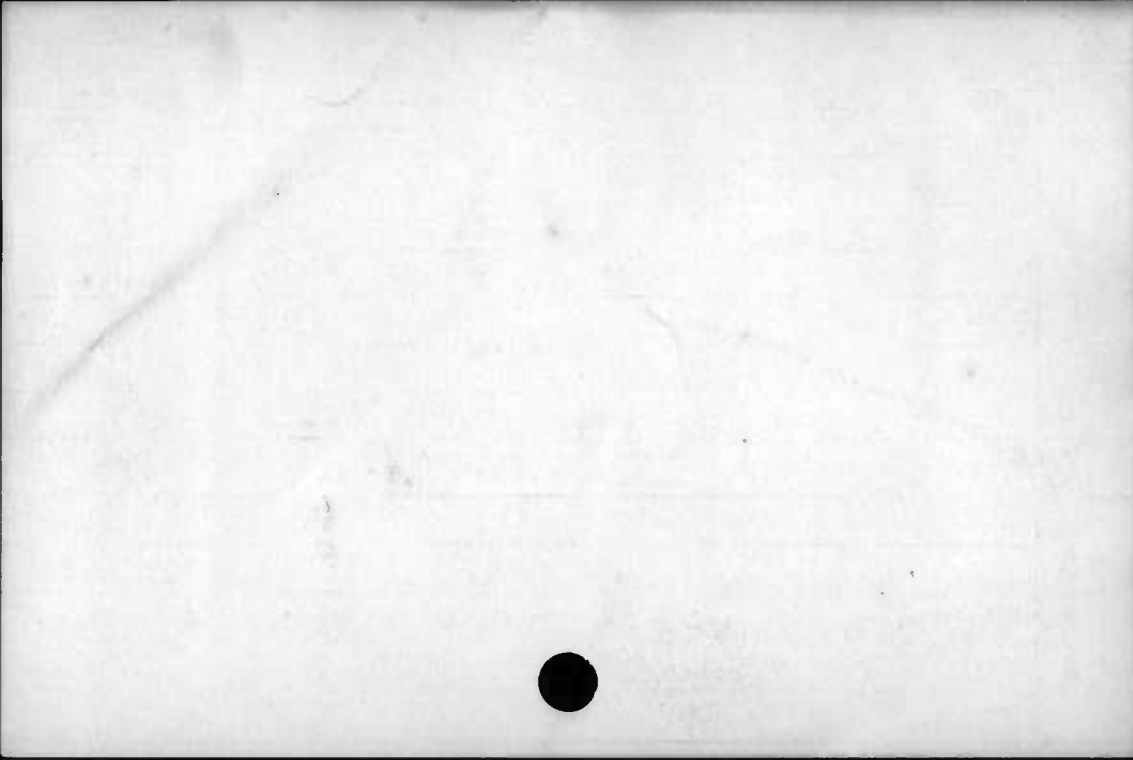
Died at <i>Catonsville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>19</i>	Age <i>59</i> ^{Years}	Months <i>2</i>	Days <i>23</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Merchant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary A. Young</i>			
Father's Name <i>Joseph Wright</i>		Father's Birthplace <i>near Salisbury Maryland</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Arthur Wright</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary <i>Pistol shot wound through brain</i>	How long <i>Immediate</i>
Immediate <i>Pistol shot wound through brain</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry B. Whitely</i>
	Address <i>Catonsville, Md.</i>
Accident Suicide? <i>Suicide</i>	



Name
in
Full

Charlotte Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Evans town</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>11</i>	Years <i>Age about 60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>colored.</i>		Birth-place <i>Balto. Co.</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Evans town</i>			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Albert Young</i>			
Father's Name <i>Abel Bias</i>		✓		Father's Birthplace <i>not known</i>	
Mother's Maiden Name <i>not known</i>		✓		Mother's Birthplace <i>not known</i>	
Name of person giving information <i>Charles Wilson</i>		✓		How related to deceased <i>Son.</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>12 days</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes-as</i>	Signature of Physician <i>H. C. Glessner</i>
<i>near as can be ascertained</i>	Address <i>Sta. H (Evans) Balto. Md</i>
Accident or Suicide? <i>neither</i>	

Yours faithfully
Governor
and

Robert-A. Elliott
undertaken

Name
in
Full

Anna Gelavie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

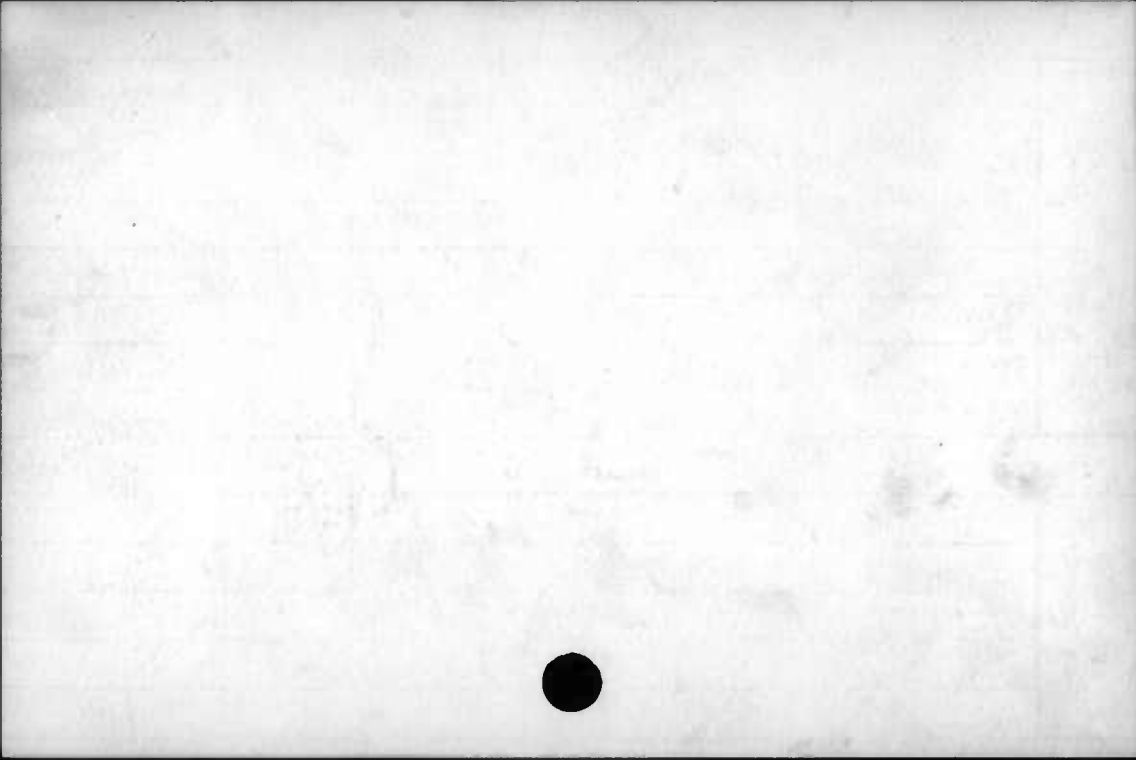
Died at <u>Baltimore</u> ^{Town} County ^{County} <u>County</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>1</u>	Age <u>—</u> Years Months <u>2</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place <u>Baltimore</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>5 Potomac St</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>Madalena Gelavie</u>		
Father's Name <u>Frank Gelavie</u>	Father's Birthplace <u>Pole</u>		
Mother's Maiden Name <u>Madalena L. Vornik</u>	Mother's Birthplace <u>Pole</u>		
Name of person giving information <u>Frank Gelavie</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Premature Delivery</u>	How long <u>7 mts</u>
Immediate <u>Heart Failure</u>	How long <u>Few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>[Signature]</u>	Signature of Physician <u>W. R. Burke M.D.</u>
	Address <u>3042 Hudson St.</u>
Accident or Suicide?	



Name
in
Full

Dortie Zelawick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balk</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>26</i>	Age <i>—</i>	Months <i>—</i>	Days <i>28</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fraus Zelawick</i>		Father's Birthplace <i>Austria</i>			
Mother's Maiden Name <i>Maudelue Zorwick</i>		Mother's Birthplace <i>Austria</i>			
Name of person giving information <i>Fraus Zelawick</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(157)

PHYSICIAN
OR CORONER

Primary <i>Exhaustion</i>	How long <i>Life</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>1/30</i>	Signature of Physician <i>D.W. Jones</i>
	Address <i>3116 O'Connell St</i>
Accident or Suicide? <i>—</i>	

Jo. Zborowski
Holy Roman Empire

Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town { Ground at Pimlico		County Baltimore		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Nov.	unknown	Age unknown	unknown	unknown	
Sex		Color or Race		Birth-place			
Male		White		unknown			
Occupation				Where Residing if not at place of death			
none				do not know			
Married, Single or Widowed		Name of Wife or Husband					
Single		none					
Father's Name				Fether's Birthplace			
do not know				unknown			
Mother's Maiden Name				Mother's Birthplace			
do not know				unknown			
Name of person giving information				How related to deceased			
John Dorsey and Justice Enrich				no relation			

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary		How long	
believed to be foul action		brief	
Immediate		How long	
suffocation		immediate	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Coroner R. Holliday Enrich	
		Address	
		Justice of the Peace	
Accident or Suicide?		Arlington, Md.	

Jacob H. Straph-

Baptist Cemetery
Pikesville Md.